DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00001 00001 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 20 HOUR within 24 hours ofter death (Type or print) Yeor 1969 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) FEMALE 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED DIVORCED [WIDOWED K 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY FROSTBURG event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INISIDE CITY LIMITS? 13b. COUNTY YES remove MAIN STREET ond in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Lost Lost HENRY. KASECAMP TWIGG RUTH signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and i ATTENDING PHYSICIAN: The law requires that the deoth certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. FROS Address G. 17 INFORMANT Yes, no, or unknown) 218-07-9613D MRS. ARTHUR FEMI, MORANTOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🔲 certificote 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive an 1969, and that in (my) (aur) apinion death accurred an the date and haur and from the Page 4 moy be retoined causes stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S DAVIS. M.D. NAME (Type) 2 BROADWAY, FROSTBURG direct 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) ECKHART 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00004 00004 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH First deoth. hours after death (Type or print) 1/29/1969 EVA M. BEEMAN 4. RACE 3. SEX S. DATE OF BURTH 6. AGE (In years IF LINDER I YEAR JE LINDER 24 HR last birthday) HOURS Female White /1903 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) USA. Allegany MD. DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Frostburg Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER The law requires that the deoth certificate be executed ar removal, and in any ever admission) STATE 13b. COUNTY Midland None 14, FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle H. Stevenson Winters George Sarah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) Midland, Md. NONE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH IMMEDIATE CAUSE (c) buriol cremation. signed by the buriol-transit p Conditions, if any, which gave rise to immediate cause (a). stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p) this certificate has been for use as the Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES | 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 19/3, to 19/3, to 19/0, that (I) (we) last saw the deceased alive an 19/0, 19/0, and that in (my) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF DEGREE director, poge 3 PHYS. PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS John B. Davis NAME (Type) Frostburg, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23c. BURIAL, CREMATION (County) (Stote) 2/1/1969 Memorial Park Frostburg 250. REC'Z BY REGISTRAP 24. FUNERAL DIRECTOR VR A15 (4)2 George Eichhorn Lonaconing, Md. DATE

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FEMAL!		HTE	S. DATE OF BIRTH 5-30-68	6. AGE (In year last birthday	O/S IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS
70. BIRTHPLACE (State country) PENNS	e or foreign 7b. CITIZEN	of what country?	8. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY	
CUMBER	RLAND	11. NAME OF HOSPITAL OR INS give street address MEMOR TAL		L OCCUPATION (Kind of work ost of working life, even if re	
130. USUAL RESIDENC odmission) STATE	E (Where deceased lived, if 136. COL	institution: Residence before UNTY	13c, CITY OR TOWN 13d, INSIDE CITY E	13e. STREET AND NUM	BER
14. FATHER'S NAME	First Mi	iddle Łost	GER 15. MOTHER'S MAIDEN NAME F	irst Mi ATHERINE	ddle Lost BEEMA
16a. WAS DECEASED I Yes, na, ar unknow	VER IN U.S. ARMED FORCES? in) (If yes give war or dates of ser		IT. INFORMANT MEMORIAL HO		JMBERLAND, M
PART I. DE PART I. DE Canditions, if an nse to immedi stating the una	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO Ony, which gove) ote cause (o). DUE TO	p per line for (a), (b), and (c),)	onia, fulment	try d	BETWEEN ONSET AND O
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☐ OR CONTRIBUTION	Medical examiner)	TIME OF INJURY C.A.M. Manth Day Year P.M. 19			Port 2, Item 18.)
While Not w	vhile 🗆		(ORY.) 21f. LOCATION Street or R.F.D. No.	,	County Si
22a. I certify saw the causes	y that (I) (this haspital deceased alive an_ stated abave, (I) (we)	did) (did not) view the l	d fram //3 , 19 4 9 4 , and that in (my) (aur) api body ofter death.	nian death accurred on t	_, 19 <u>6</u> 9, that (I) (we the date and haur and fra
22b. SIGNATURE	Sabut IN	Just -		ED. STAFF PHYS.	22c. DATE SIGNED
22d. PHYSICIAN NAME (Type	DR. ROBER	RT J. DAWSO	N 22e. ADDRECUMB	ERLAND, MD.	/ / /
230. BURIAL, CREMATI	1/13/19	69 St. Joh	emetery or crematory n's Cemetery	23d. LOCATION (City or Town Meyersdale	Som . (County) (Store)
24. FUNERAL DIRECTO	C. Price Fun.	ADDRESS	Sdale Penns DATE A	REGISTRAR 1989 ASB. REGIS	STRAR'S SIGNATURE QUELLE

MANAGER TO STATE OF THE STATE O 00000 FEERING N. DEAED = 1 10 69 2:30= STIEN SIMMER 7/14.01.1.1A A. 2. U ALMAVIYEM D. S. A. DURERLAND OF THE PROPERTY OF TENNEL SHEVERSDALE X RY. L GOVERN SATURATION SECTION NAMES ME TOLD ILEAPTIME CONDESTAND, WIL The me stopent J. Danson corperato, and

MAKITAND STATE DEPARTMENT OF HEALTH	
O () () () DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 CERTIFICATE OF DEATH	00006
T DECEASED-NAME First Middle Lost 2a DATE OF DEATH	2b HO./PA
(Type or print) HARRY C. BROOKS JANUARY Mainth	Doy Year 694:38 M
MALE 4 RACE MALE 4 RACE MALE 5 DATE OF BIRTH 5 AGE (In years tasy) 1 tasy (In years)	YRS IF UNDER LYEAR IF JNOER 24 HRS. MONTHS DAYS HOURS MIN
70 B RTHPLACE (State or foreign country) W. VA. USA 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED NIVORCED ALLEGANY	Md.
10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (find in nospital during most of working life, even if ref re	
admission) STATE MD. 136 COUNTY ALLEGANY CUMBERLAND YES X NO 130 INSIDE CITY LIMITS? 130 STREET AND NUMBER COUNTY ALLEGANY CUMBERLAND YES X NO 100 INC.	
14. FATHER'S NAME First Middle Lost BROOKS 15 MOTHER'S MAIDEN NAME First Middle BROOKS	BRADY
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or upknown) 10 Uses give were or doles of service) 16b. SOCIAL SECURITY NO. 214-05-5271 MEMORIAL HOSPITAL CUMB	BERLAND, MD.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Inse to immediate cause (a) Stoting the underlying couse Lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1 har
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S GR CONTRIBUTING CAUSE OF DEATH HOUR AM Manth Doy Year	rt 2, Item 18.)
Ill either, notify medical examiner) P.m. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No (ify or Town while of work at work at work at work	Caunty State
22a. I certify that (I) (this hospital) attended the deceased from a saw the deceased alive on 19 and that in (my) (our) opinion deoth accorded on the courses stated abave, (I) (we) (did) (did not) view the body after death.	that (1) (we) last e date and hour ond fram the
DEGREE PHYS DIRECTOR DIRECTOR PHYS	22c DATE SIGNED
22d PHYSICIAN'S BLANE M. SCHINDLER, M.D. 2243 TREENE ST., CUMBI	ERLAND, MD.
23a BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
Burial Romney Homney	ampshire W, Va.

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		0000%	DIVISION OF VITAL REC		ATE OF DEATH		00667
deple 2		CEASED-NAME Firs ype or print) Ma:	ttie Midd	lle	lost Campbell	Janu Month 15 Doy	19 43 24.0P _M
State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after ×	3. SE:	Female	4 RACE Negro		s. date of Birth 7-15-82	6 AGE (In years last birthday) CO YRS	NONTHS DAYS HOURS MIN.
001177	COUN	Virginia	76 CITIZEN OF WHAT COUNTRY? Allegany, US	A WIDOWED		9. COUNTY OF DEATH Allegany	Md.
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/ [ıdmı:	ssian) STATE Md.	osed lived, if institution Residence 13b COUNTYAllegan	y Cumber	rland YEE	No Kennedy Homes	Apt. 305
		ATHER'S NAME First Edwa	**	illiams	MOTHER'S MAIDEN NAME	N.O.	iost FIFFIEMS ADAMS
oval, or	16a. Ye	WAS DECEASED EVER IN U.S. AR BS, no. OMORNOWN) (15 yes give	200=	03-5444 1	Irs. George	Ashby 320 Central	Ave. Cumberland
		PART DEATH WAS CAUS	INITY and cause per line for (a) (b) ED BY PLATE CAUSE (a)	ond (1).)	teake		BETWEEN ONSET AND CEATH 2 SLEEDS
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		rise to "mmediate cause (a) stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF	eleron	, die keter	2 years
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×	MEDICAL CE	210. ACCIDENT WAS UNDERLY Or CONTR BUTING CALSE OF DE (If either, notify medical exon	HOUR A.M. Month Da	y Year		oter noture of injury in Port 1 ar Part 2,	item 18.)
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		220. I certify that (!) (t	his hospitol) ottended the al ve an ve, (I) (we) (did) (did not) ve	deceased from	<u>/ − 2 −−</u> , 19 d that in (my) (aur) c deoth.	6G , to 7 - 7 S, 190 purion death occurred on the da	te and hour and from the
ed with the		22b. SIGNATURE	Krine	DEGR	ATTENDING	MED. STAFF 22c.	DATE SIGNED -15-69
director, page 3 should be detoched far use os the buriol-tran should be filed with the State Dept. of Health prior to buriol, cre		22d. PHYSICIAN'S NAME (Type)	0		22e. ADDRESS		
in of	23a			NAME OF CEMETERY OR		23d LOCATION (City or Town)	(Caunty) (State)
US.		Burial	/18/1969_ Wo	oodlawn Cer	meterv	Cumberland	Alleg Md



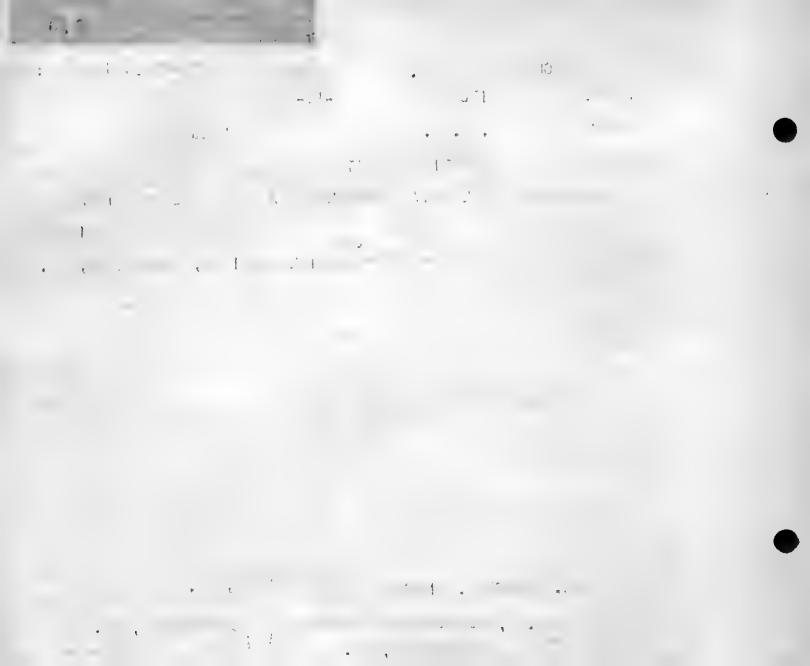
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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tificate ohysicio nn pleo: vol, an	160	1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (if yes give war or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT Security NO 18 INFORMANT SECURITY SECURITY NO 18 INFORMANT SECURITY SECURITY NO 18	Maryland
G PHYSICIAN: The law requires that the death certificate be executed within the hospital or ottending physician. This certificate has been signed by the ottending physician and completely filledelated for use as the buriol-transit permit. Then please remove corban partie Dept of Health prior to buriol, cremotion, or removal, and in may event, within		1B. CAUSE OF DEATH (Enter only one couse per fine for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF.	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH Zweeny
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S PHYSI the hosp this cer detache e Dept	ME	While Not while of wark of wark	County State
Affer Affer Star	l	22a. 1 certify that (1) (this haspital) ottended the deceased fram	te and haur and from the
Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		226. SIGNATURE A MINOS DEGREE PHYS DIRECTOR STAFF PHYS. 22c. (1)	DATE SIGNED 115-69
SPITAL 4 moy 4ERAL (or, pog Id be fill		22d. PHYSICIAN'S NAME (Type) 22e ADDRESS	
TO HO Poge TO FUN direct snoul		BURAL (REMATION, REMOVAL (Specify) 1-18-69	(State) McKean Pa.
VR A15 (4) 30M REV, 1/68	**	FUNEBAL DIRECTOR ADDRESS Md 250. RECD BY REGISTRAR 256 REGISTRARS 230 Real to Ave. Cumber Land AN 17 1969	ay Joseph.



MARYLAND STATE DEPARTMENT OF HEALTH	11201
CERTIFICATE OF DEATH	60609
1 DECEASED-NAME (Type or print) CORDELLA E. CARDER JANUAR Months	2h HO: tR
FEMALE 4 RACE WHITE 5. DATE OF BIRTH 7/24/93 6 AGE (In 7/24/93	years IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (Stote or foreign country) MARYLAND 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED VIOLENCE OF COUNTY OF DEATH ALLEGANY	ALC
10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of working life, even if	
130 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NU Odmission) STATE MARYLAND COUNTY ALLEGANY CUMBERLAND YEX NO RT. 3	BEDFORD RD.
14 FATHER'S NAME First Middle Last IS MOTHER'S MA DEN NAME First	Middle Last
16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT	HA YES
Yes, no, ar unknawn) (Il yes give war or dates at service)	REPLAND MD
1B. CAUSE OF DEATH (Enter only one cause per use folio), (b) and (c)) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	BETWEEN ONSET AND CEATH BY THE ONSET AND CEATH
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190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE F	INDINGS CONSIDERED IN CERTIFYING
210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 c	or Port 2, Item 1B.)
	Poles Pitt
22a. I certify that (1) (this haspital) attended the deceased from 1/2/67, 19, to 1/30 saw the deceased glive on 1/2/67 and though my) (see appropriate deceased glive on 1/2/67).	n the date and hour and from the
22b SIGNAPRE	22c DATE SIGNED
224 PHYSICIAN'S DIRECTOR PHYS L	1/31/49
DR. R. J. WILLIAMS 122 S. CENIRE ST.	CUMBERLAND, MD.
23d BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or to Burial Feb. 1.1969 St. Michael's Cath Gem. Frostburg.	wn) (County) (Stote) Alleg Md
	Charles Areas
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 CERTIFICATE OF DEATH 1. DECEASED-MANNE (Type or print) CORDELLA E. CARDER 3. SEX FEMALE 4. RACE 5. DATE OF BIRTH 7/24/93 5. DATE



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	90019	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	00810
		rst Middle	Lost	2g DATE OF DEATH	2b HOUR
	(Type or print) 3 SEX	GRACE E.	CASSEN	JANUARY 900	
	FEMALE	WHITE	5 DATE OF BIRTH 6-18-94	6 AGE (In years last by Leay) YRS.	IF UNDER LYEAR IF UNDER 24 MRS MONTHS DAYS HOURS MAIN
	7b BIRTHPLACE (State or foreign country) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED X WIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md
	O CITY OR TOWN OF DEATH CUMBERLAND	9 MEMOR PAL	HOSPITAL 12a USG	AL OCCUPATION (Kind of work done nost of warking life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY NONE
	30. LSUAL RESIDENCE (Where decodm.ssign) STATE MARYL	eosed lived, f nstitution. Residence before AND 13b COUNTALLEGANY	CUMBERLAND YES X	LIMITS? 13e. STREET AND NUMBER	
	14. FATHER'S NAME FIRST UNKNOWN	Middle Last CASSE	IS MOTHER'S MAIDEN NAME	First Middle	HILLEARY
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		219 54	2096 MEMORIAL HO	SPITAL, CUMBERL	AND MU
	PART I DEATH WAS CAU		(1)		BETWEEN ONSET AND DEATH
	11123 EMME	EDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O	mona		1 days
	Conditions, if any, which gas	ve) " Cores	to blest L	- Line	111 Days
	rise to immediate cause (o stating the underlying caus		E	. ^	707
	lo s†	-) (1) Cylin	oselvotic //2	art Orseans	1902.
	PART 2 OTHER 5 GNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE FERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	190 DATE OF OPERATION 119	96. CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	DISTINCTED IN CERTIFICATION
	190 DATE OF OPERATION 19	OW MOHAMITOTION AND PROPERTY.	YES NO [CAUSES OF DEATHS	NAME OF THE CONTINUES
		- 2.0 11112 01 1130111	21c HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 ar Part 2, I	tem 18.)
	☐ DR CONTRIBUTING ☐ CAUSE DE LE CHIEFE CAUSE DE LE CHIEFE CAUSE DE LE CAUSE DE LE CHIEFE	miner) P.M.	19		
	21d INJURY OCCURRED While Not while at work at work	TO PLACE OF INJURY (AT HOME FARM, STREET I DEFICE BUILDING, ETC.	ACTORY) 216 LOCATION Street or R.F.D. No.	o (Ity or fawn	County State
	22a. I certify that (!) (saw the deceased	(this haspital) attended the decea	sed from, 19.1	9, 10 // 7 , 19	, that (I) (we) last
	causes stated abo	ive, (I) (we) (pid) (did nat) view the	e bady after death.	inian death occurred an the da	te and haur and tram the
	22b SIGNATURE	na /1:	ATTENDING -	MED STAFF 22c. [DATE SIGNED
	22d PHYSICANS	1) / Imon	DEGREE PHYS	DIRECTOR PHYS.	9/69
	NAME (Type) OR	GEORGE M. SIMO	NS CUMBERLA	AND, MO.	/ /
	23g BUR AL CREMATION 23		F CEMETERY OR CREMATORY	23d cacATION (City or Town)	(Caunty) (State)
	REMOVAL (Specify) BURIAL		HILL CEMETERY	CUMBERLAND	MD
	24 FUNEBYRON KIG	HT CUMBERLA	ND MD. JAN J	BY REGISTRAR 256 REGISTRARS	SIGNATURE
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30011 CERTIFICATE OF DEATH 0001 1. DECEASED-NAME 20 DATE OF DEATH CHANEY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death VERONICA#K (Type or print) MARY JANUAR Ynth 4. RACE WHITE 3. SEX 6 AGE (n years lost (n years S DATE OF BIRTH IF UNDER 1 YEAR FEMALE 11-6-1899 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) W. VA. U. S. A. WIDOWED | ALLEGANY DIVORCED | 11 NAME OF HOSP TAL OR INSTITUTION (IF NOT IN THE SOUTH 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR CUMBERLAND OWN HOME 130. USUAL RESIDENCE (Where deceosed lived if institution Residence before odmission) STATE W. VA. 134 COUNTY MINERAL RIDGELEY YES NO 13e STREET AND NUMBER BOX 352 A odmission) STATE W. VA. 14 FATHER'S NAME Middle IS MOTHERS MAIDEN NAME First HARVEY Lost KATHERINE ELLEN MURRAY buriol, cremation, or removol, and in WILLIAM FLETCHER MEMORIAL HOSPITAL, AddreCUMB. MD. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unkneyes) APPROXIMATE NIIPVA 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asystote 15 W. 112 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) olynamical inferiction rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospita or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse Athenseleste beautitiese PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO (TH 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from 1/2 _____, 19.67 , to____ . 19 42, that (1) (we) last 1/10 saw the deceased alive on 1967, and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR PHYS 22d PHYSICIAN S 220. ACCOMBERLAND. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION. 23b DATE 23d LOCATION (City or Town) (Stote) (Corluta) BRIMQVAL (Specify) Jan.13,1969 Terra Alta Cemetery Terra Alta. Scarpelli, Cumberland, Md. 250 JEAU BY LEGISTRANS 5925b VR A15 (4) 45M 1/69 DATE

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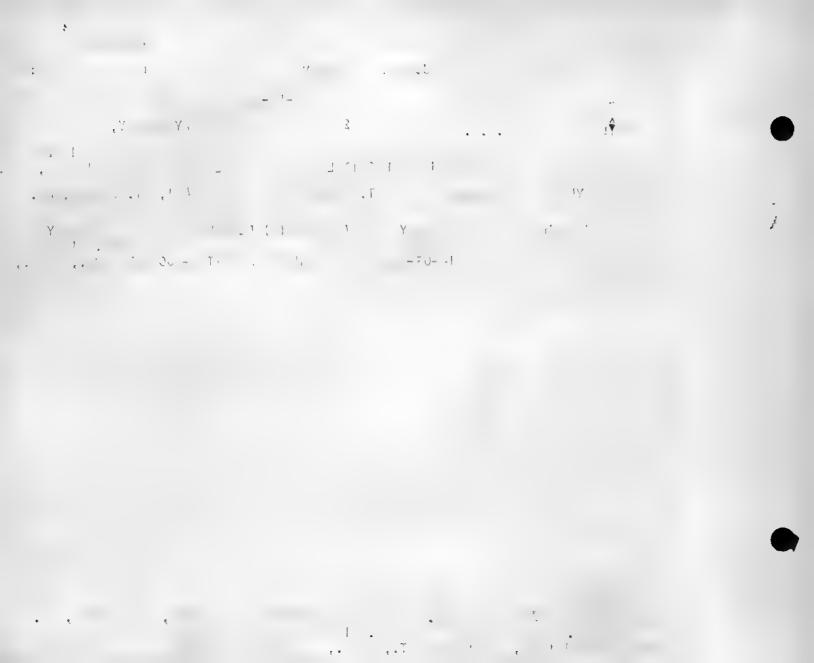
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12
HEALTH DEPT.	I DECEASED NAME First M.ddle Lost 2g DATE KNOWAKA Month Day	Year 2b HOUR
is to af	(Type or Print) Thomas Aloysuis Collins OF ESTI 1-20-69	1 2 20p M
delay and 3 M3. Pa	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years I IE UNDER 1 YEAR 1 TE UNDER 24 HIS 20 DATE PRONOUNCED DEAD	2d HOUR
ony detay is 1, 2, and 3 to m PM3. Page Department of	Mate White Mar. 11, 1910 52 yrs January 20, 1969"	19 12:20p M
_ 5 24	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED PREVER MARRIED 9. COUNTY OF DEATH	
death Pages 1, with farm	country) Maryland U.S.A. WIDOWED DIVORCED Allegany	Md
Page 4	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR HISTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done) 12b Kind of Work done) 17c and Transport of working life, even if retired INDIST	CND OF BUSINESS OR
2 2 2 2		xtile
hin 24 haurs ofter death niter's Office along with farm pages I and 2 with the hours after death	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSDECTIVE LIMITS? 13e STREET AND NUMBER 249 Main	
24 haurs in Item 1 r's Office es 1 and 2 irs after d	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 h 1 h 1 s of s of s of s of s	Thomas F Collins Playgie Morgon	1
frin ncil nine pag hot	166. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. Yes. Technic nown) Will Was a "Interior of service" 217-10-7215 Aleda Collins Westernport, Md.	
be executed with "pending" in pending" in pendical Exaransit permit. File event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in hief Medical E ansit permit. F event within	PART I DEATH WAS CAUSED BY	SUDDEN
Mer Mer nt v	4/07 DUE TO, OR AS A CONSEQUENCE OF	
be "pe "pe nief ansig	Conditions, if any, which gave isse to immediate cause (a).	11
should be e he ward "per ta the Chief ! burial-transit i in any even	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho e w a th in	lost (c) CORONARY SCLEROSIS	
ER: This cert ficate should certificate, writing the ward auld be farwarded to the Ches. should be used as a burial-tre ion, ar removal and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
cert , writ arwai used mova	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 211 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18)	20. AUTOPSY?
or for rem	WAS PERFORMED!	YES 🔀 NO 🗌
	210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M.)
cert cert roul les. shau tran	CAUSE OF DEATH P.M. 19	
	21d N.JRY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, white not write foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town Coulding.	inty State
bical Examiner: lease execute the cerr' director. Page 4 should etained for your files. DIRECTOR: Page 3 shou	AT WORK AT WORK	
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DICAL olease exector. P director. P etained fai DIRECTOR	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
	ACTUAL SIGNATURE GRANDER CHIEF MEDICAL EXAMINER 22b DATE SIGNER	n
Priv.	Annual Manuary 20	
o DEPUT, DICA necessary, please e the funeral director may be retained o FUNERAL DIRECTOR Health prior to bu	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city town, @countQUMBERLAND, M.)	
necessary necessary the funer 5 may by 10 FUNER. Health p	230 BURIAL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count	
		Md.
0.0	24 FUNERAL DIRECTOR Westernport. Md. 250 RECUSTRAR 2 4 1969 256 AEGUSTRAR 3 KNAT	Theres -
VR A15ME (5)	Westernport, Md. DAN 24 1969 guards	7 6

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San State of the S	1				DEPARTMENT OF				
100		30013	DIVISION OF VITAL RECORDS,						
. 2	1.0	FCEASED NAME First		CEKTIFICA	ATE OF DEATH		000	13	La marine (I
ofter death		Type or print) EDWAR	11	anh (CONWAY	2o. DATE (Month O I Day	20 Yeor 69	26 HOUR A
funi funi	3 S		4 RACE		DATE OF BIRTH		6 AGE (In years		IF UNDER 24 HRS
		MALE	WHITE		06-19-	06	lost (mahday) YRS.	MONTHS DAYS	HOURS MIN
24 hour d ir by 72 hau	70 cou	BIRTHPLACE (State or foreign narry) MARTLAND	76 CITIZEN OF WHAT COUNTRY?	B MARRIED (S	NEVER MARRIED DIVORCED		GANY COUNTY	,	Md
IAN: The law requires that the death certificate be execused within 24 hours of an attending physician. It is a seen signed by the attending physician bad completely filled in byter use as the bunal-transit permit. Then please remaye carban papers bad Health prior to burial, crematian, ar remayal, and in any event, within 72 hours		CITY OR TOWN OF DEATH CUMBERLAND	SACRED HEART	HOSPIT	AL during	UAL OCCUPATIO	N (Kind of work done	TOUOF	S, INC.
be executed within bad completely fine remove carbon in any event, with	13o odm	LSUAL RESIDENCE (Where deceases ission) STATEMARYLAND	sed lived, if institution Residence before	MT. S	AVAGE YES X	NO BO	TREET AND NUMBER X 451, MT.	SAVAGE,	MD.
exa de de la company	.4	FATHER'S NAME First	Middle Last	,	MOTHER'S MAIDEN NAME		M.ddle		Last
an din din din din din din din din din di		JOSEPH			(MC KENZIE)	FLOREN		CONW	
icate /sicu	160	WAS DECEASED EVER IN U.S. ARA (es, no or junknown) (If yes give v	MED FORCES? war or dates of service) 16b SOCIAL SECURITY 214-05-5		FORMANT	HACRIT		MD. 2150	
requires that the death certificate of physician. s gned by the attending physician is burial-transit permit. Then please a burial, crematian, ar remayal, and i	-				CRED HEART	nusp i i/	AL -900 SETO	APPROX MA	JE NTERVAL
ding ding		PART I DEATH WAS CAUSE	oly ane cause per line for (a) (b), and (c) D BY: ATE (AUSE (a)		OF PA	NCRBA	7 (2		HTA30 OHA TI
der offer of		1514 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	11 74	7 37	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Un	1 15
t the the sit properties		Canditians, if any, which gave							
tha an. by ran cren		rise to immediate cause (a), stating the underlying couse.	DUE TO, OR AS A CONSEQUENCE OF						
equires that the physician. s gned by the burial-transit burial, cremati	П	last.	(c)						
g ph 3 ph 5 s g 6 bull	П	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	RCONDIT ON GIV	EN IN PART I(a)		
aw Iding been the artc	S S	19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	DEUDMEN	20a. AUTOPSY?	Tank	IF YES, WERE FINDINGS (ONE DEDED IN CER	TILVING
TENDING PHYSICIAN: The law requires the med by the haspital ar attending physician. R: After this certificate has been signed by auld be detached far use as the burial-trafthe State Dept. of Health priar to burial, cre	CERTIFICATION	The part of of Elongon	COMMISSION THREE OF ENGINEER AND LE	NI OKMED	YES NO TO	A CAUC	ES OF DEATH?	OND DEKCO IN LEK	III I IIVG
N: T ar are are us		2.a ACCIDENT WAS UNDERLYIN		21c HOV	Y INJURY OCCURRED (En		ury in Part 1 or Part 2,	Item 18)	
HYSICIAN: haspital ar serrificate far u espt. of Health	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT							
DING PHYSICI by the haspit ffer this certif be detached State Dept. of		21d N.JRY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET FAR	TORY.) 21F LOC	ATION Street or R.F.D. N	la Cit	y or Town	County	State
G PH the h tr this detacter	L	While hat while of work							
IDING J by the After J be d	П	220. I certify that (I) (the	nis hospital) ottended the decease	ed trom 9 6 9 and	, 19. that in (my) /s ur) o	, ta ninian deoth	accurred on the de	, that (l) (we) last
OR: or the	П	causes stated above	e, (I) (we) (did) (did not) view the	body after de	eath.		accomed on the de	ile dita noos d	iu itom me
OR ATTEN De retained SIRECTOR: A Should ed with the		22b. SIGNATURE	En Geila		ATTENDING S	MED. DIRECTOR	STAFF 22c	DATE SIGNED	
NI OR V be r DIRE	Ш	22d. PHYSICIAN S		DEGREE	PHYS 22e. ADDRESS	_		1-70-	
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type)	MICHABL GLA	ck	126 N.	Smi	9 LL WOUDT.	ST Co	MBZON
HOS Ige 4 FUN FUN	23 a	BUR AL, (REMATION, 23b		CEMETERY OR C	REMATORY	23d LOCAT	ION (City or Town)	(Caunty)	(State)
5 5 5 5 W	0,				aul Cemeter				
VR A13 (4)X	124. G F	ORGE FUNERAL H	zyne George ADDRESS	רושי, צו Clime	25d RECD	N Z REGISTRAR	1969 REGISTRARS	SIGNATURE	



5		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0014	
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Year	2b. HOUR
is and a second	. {	JOHN CALVIN COOK DEATH MATED Jan.6	.1969	llp M
ny delay is 2, and 3 ta PM3. Page	3. 5	EX 4. RACE 5 DATE OF BIRTHS 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. 2c DATE PRONOLINCED DEAD		2d HOUR
ny delay 2, and 3 PM3. Pa		MALE WHITE JULY 18, 1887 81 YRS MONTHS ONYS HOURS MIN JAMilary 6% 19	36 geor 19	llp M
Pa Pa		BIRTHPLACE (State or foreign 76 CITIZEN OF WILL COUNTRY? B. MARRIED NEVER MARR ED 9 COUNTY OF DEATH	- 17	
	(Our	Penns. USA W.DOWED DIVORCED Allegany		MH
4 9g 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. (TTY OR TOWN OF DEATH I NAME OF HOODING OR INCIDITIES OF IN	12b KIND OF BUSIN	IESS OR
frer death by delay is Give Pages 1, 2, and 3 to ang with farm PM3. Page the state Department of the S		Cumberland Memorial Hospital-DOA during most of working life, eyen if refired Retired Brakeman	Railr	hen
after 8. Giv alang alang with t	13a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	21042.52	Jaa
D 60 60 7	0	drussian) STATE Md. 13b COUNTY Alle any Rawlings YES NO K Route 6		
haurs Item 18 Office 1 Jand2		ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lest	
24 h in Ite r's O		Theodore Cook Mary Ellen Tipton		
hin: 24 acil in aner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS		
peacil peacil peacil in page 72 hau	()	(es, na, ar unknown) (If yes give war or dotes of service) Mrs. Regina Cook, Rawlings, Md.	Wife	
- 1 h (i		1B. CAUSE OF DEATH (Enter anly one cause per line far (o), (b), and (c).)	APPROXIMATE IN BETWEEN DISET AN	ITERVA,
H 180-1 F 5		PART I DEATH WAS CAUSED BY. Coronary Occlusion	Sudden	NO CEATH
		1/// A O DO AS A SOUSSAIRUST OF		
be ("pe insit		Conditions, if any, which gave) Coronary Scienosis		
		rise to immediate couse (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
should be en ward "per to the Chief I burial-transit		lost (c)		
is cert ficate shauld te, writing the ward forwarded to the Cl e used as a burial-tra removal and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)		
ficating ing decorated as	_	· · · · · · · · · · · · · · · · · · ·		
writt war sed ava	ATIO	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?	
This cert ficate licate, writing the be farwarded to do be used as a far removal and	CERTIFICATION	WAS PERFORMED?	YES 🗌	NO 📑
	8	216 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Day Year 216 HOW INJURY OCCURRED (Enter nature of njury in Port 1 or Part 2, their	m 18.)	
INER: Te certific should b files. 3 should a should outles.	3	PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19		
	WED	21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, while company to the process of the process o	County	Stote
ICAL EXAMINER: execute the cert for. Page 4 should d for your files. CTOR: Page 3 shou		WHILE AT WORK AT WORK TOCTORY, OTICE DUILDING, etc.)		
CAL EXALIPORT (CAL EXALIPORT) or. Page ed for you CTOR: Page burial, cre		22a certify that I took charge of the remains described above, held on Autopsy Inspection 4, Inquiry 1	, and in my	apınıan
Par 2 6 6 6 7 8 6		death resulted from: Natural couses 3, Accident , Suicide , Hamicide Undetermined manner		
please e la director retained roor to bu		CHIEF MEDICAL EXAMINER		
y, ple eral di di prior	1	SIGNATURE CALLEXAMINER 22b, DATE S		
EPUTY issary, property funeral ay be r in pro		DEPUTY MEDICAL EXAMINER A January		
no DEPUTY SICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street city town, ar carGUMBERLAND	,MARYLAI	ND
TO DEPUT PRESSOR THE FUNE S MAY BY TO FUNER Health	230	DEMONIAL IS	(Caunty) (Sto	ite)
		Burial Jan. 9,1969 Hyndman Cemetery Hyndman, Penna.		
	24	FUNERAL DIRECTOR ADDRESS 250 RECU BY REG STRAP 250 REGISTERAR 20	ANTIDEC PE	
VR A+5ME (5) 10M REV 1/68		James F. Scarpelli, Cumberland, Md.	1/ "	



m and	MARYLAND STATE DEPARTMENT OF HEALTH
	0 0 0 1 5 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 00015
death neral ond 2 death	(Type or print) NELLIE XX. G. CRITES JANUARY Month 6 Day Year 6912:40
gate be executed within 24 hours after death. John and campletely filled in the funeral lease remove carban papers ages I and 2 and in any event, within 72-bours after death.	S DATE OF BIRTH 1-23-10 6 AGE (n years life works) FEMALE 4. RACE WHITE 5 DATE OF BIRTH 1-23-10 6 AGE (n years life works) FARS HOURS MIN
24 hour	70 BIRTHPLACE (Stote or foreign COUNTRY? USA B MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED METERS MARRIED
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camplet or car	13a JSUAL RESIDENCE (Where deceased lived, if institution, Residence before odmission) STATE MD. 13b COUNTYALLEGANY 13c CITY OR TOWN CUMBERLANDYES X NO 13e STREET AND NUMBER 1114 MI CHIGAN AVE.
be exc	14. FATHER'S NAME CALVIN TURNER 15. MOTHER'S MAIDEN NAME First MYRTLE GROVES
physical by physical conditions	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give wor at dates of service) MEMORIAL HOSP. CUMBERLAND, MD.
or E	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESENTATION OF ASA CONSEQUENCE OF
requires that the death g physician. signed by the attendar burial-transit permit. a burial, crematian, ar re	Conditions, if any, which gave this to immediate cause (o), (b) Ceff (b) Ceff (b) Ceff (b) Ceff (c), (c) the underlying couse (DUE TO, OR AS A CONSEQUENCE OF
physici physici signed burial-I burial,	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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AN: The office of the office o	210 ACCIDENT WAS UNDERLY NG 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern 1B) 3 OCCUPANT WAS UNDERLY NG 21b. TIME OF INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern 1B)
PHYSICI. e haspitchis certiff trached stached bept. af	17 either, notify medical examiners P. M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Tawn County State William Not while Not while 10 10 10 10 10 10 10 1
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-tren should be filed with the State Dept. af Health priar ta burial, cre-	at work at work at work at work at work at the deceased from the lost saw the deceased alive an attended the deceased from the causes stoted abaye, (i) (we) (did) (aid not) view the bady after death.
OR ATI be retail DIRECTO	226 SIGNATURE ATTENDING MED DIRECTOR PHYS. D FG GATE SIGNED
SPITAL 4 may VERAL lor, pa	22d. PHYSICIAN'S W. F. WILLIAMS, M. D. 22 ADDRESS S. CENTRE ST., CUMBERLAND, MD.
Poge Poge TO FUR direct shou	230 BURIAL (REMATION, Bufforthy) 23b Date 23c Name Of CEMETERY OR (REMATORY Bufforthy) 23d LOCAT ON (City or Town) (County) (Stote) Cumberland, Allegany, Md.
VR A15	24. FUNERAL DIRECTOR SCARPELLI FUNERAL HOME, CUMBERLAND, MD DAJEAN 9 1969



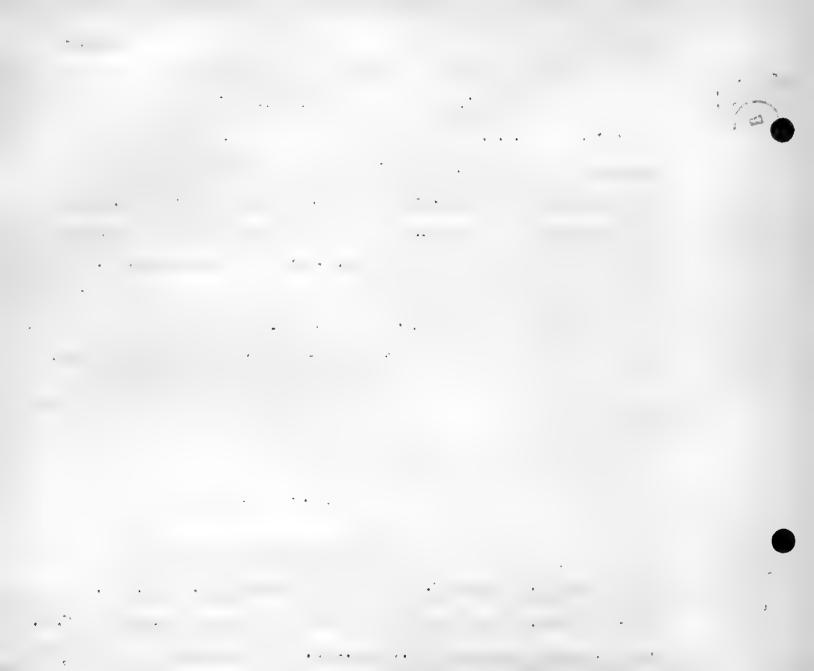
1	0 0 1 G DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 00016	
= -24	CEASED NAME First Middle last 20 DATE OF DEATH 12b H	OUR
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ter ter	X 4. RACE S DATE OF BIRTH 6 AGE (In years FUNDER LYEAR IT UNDER	24 HRS
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IYSI nosp cer chec pt. c	21d. IN.JRY OCCLERED 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street of R.F.D. No. (by of Town County St.	ote
JING PHYS! by the hosp ifter this cer be detache Stote Dept.	While Nat while of work of work	
IDING J by t After J be d	22a. I certify that (I) (this haspital) attended the deceased from 1-20, 19 69, ta 1-30, 19 69, that (I) (we saw the deceased alive an 1/30, 19 69, and that in (my) (aur) aprilian death accurred an the date and haur and fra	e) fast
END ed led lid it he S	saw the deceased alive an 1730 1969, and that in (my) (aur) apinian death accurred an the date and haur and fra causes stated abave, (I) (we) (did) (did nat) view the bady after death	m the
Thought the state of the state	226 SIGNATURE 220 DATE SIGNED	
OR ATTEN OR ATTEN DIRECTOR: /	Clause of bucket mD DEGREE ATTENDING DIRECTOR DIRECTOR 1/31/69	
AL C	22d PHYSICIAN'S 22e ADDRESS	
PIT, mo	NAME (Type) CLARENCE VINCENT, MD. 912 SETON DRIVE, CUMBERLAND, MD. 215	02
HOSPITAL OR ATTENIOge 4 moy be retoined FUNERAL DIRECTOR: A rector, page 3 should hould be filed with the		
TO HOSPITAL OR ATTEN Poge 4 moy be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the	Barrial 2/2/1969 Restlawn Memorial Gardens Cumberland, Allegany Md.	
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0001, CERTIFICATE OF DEATH 00017 Last DECEASED-NAME Furst Middle 20 DATE OF DEATH 2b HOUR P within 24 haurs after ileath (Type or print) DANIELS GLADYS 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthaay) filled in by the AUGUST 22. WHITE FEMALE 1909 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED USA ALLEGANY MARYLAND WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR carban CUMBERLAND HOSP. burial, crematian, ar removal, and in any event 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER the death certificate be executed 13b COUNTY ALLEGANY CMMBERLAN 132 BEDFORD ST. 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle First Last (MORRISON) TWIGG TWIGG HENRY **GERTRUDE** 16b. SOCIAL SECURITY NO 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) 214-09-8184 HOSPITAL RECORD. 900 SETON DRIVE, CUMB., MD. 1B. CAUSE OF DEATH (Enter only one cause per INTESTINAL OBSTRUCTION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MESENTERIC THROMBOSIS, EXTENSIVE 3 DAYS signed by the burial-transit Canditions, if any, which gave) nse to immediate cause (o), DUE TO, OR stating the underlying cause 7 DAYS HEART FAILURE PART 2. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION COVEN IN BARTALT ON RHEUMATIC HEART DISEASE, CARDIOMEGALY, AURICULLAR FIBRILLATION Page 4 may be retained by the haspital ar attending director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to be FUNERAL DIRECTOR: After this certificate has been 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CONDITION FOR WHICH OPERATION WAS PERFORMED NTESTIONAL OBSTRUCTION 20a. AUTOPSY? CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. NONE Doy NONE OR CONTROL CAUSE OF DEATH P.M If either, natify medical examiner (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY State 21d INJURY OCCURRED City or Town County While Not while 22a. I certify that (I) (this haspite/) rettening the deceased from and that in (my) (eyr) spigian death accurred on the date and have and from the 22b_SIGNATUR ATTENDING DEGREË DIRECTOR PHYS 22d PHYSICIAN S 22e ADDRESS 140 BEDFORD ST., CUMBERLAND, MD. 21502 JAMES P. HALLINAN. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 230. BURIAL, CREMATION (County) 1/18/1969 HILLCREST BURTAL PARK CUMBERLAND. 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR BYRON KIGHT CUMBERLAND

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physicion and en please removed, and in on		Samuel	Ginn		XXXX Annie	Marker
	160. Y	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	AED FORCES? For or dates of service)	17. INFORMANT Ifrs. Edward	Addre Nield Cumberland	
e death ce o=nding on, or rem		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).			APPROXIMATE INTERVAL DETWEEN ONSET AND GEATH
		PART I. DEATH WAS CAUSED IMMEDIA	O BY: ATE CAUSE (0)	Louis		ZKKS
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hat the		rise to immediate couse (a),	(b)	The trees	ine	30/2
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspitol or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of t		stoting the underlying couse	(c)	rterroscle	roses	10 yrs
		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(a)	
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The otter X	CERTIFICATION			YES 🔲 N	CAUSES OF DEATH?	
CIAN: itol or ifficate for u	MEDICAL CER	24o. ACCIDENT WAS UNDERLYING CAUSE OF DEAT (If either, notify medical examination)	HOUR A.M. Month Day Year		(Enter nature of injury in Port 1 or Po	rt 2, Item 18.)
PHYSICIAN: The law not the hospital or attending this certificate has been detached for use as the e Dept. of Health prior to	ME		PLACE OF INJURY (AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.	(TORY.) 21f. LOCATION Street or R.F.	D. No. City or Town	County State
by the by the fifter the decidence of th			is haspital) attended the decease	ed from from,	1950, to Jan 15	, 19 6 F, that (I) (we) lost
TENE ined OR: A ould the		saw the deceased a couses stoted above	e, (I) (we) (did) (did not) view the	body ofter deoth.	r) apinion death occurred on th	e date and haur and from the
HOSPITAL OR ATTENDING ge 4 may be retained by t FUNERAL DIRECTOR: After frector, page 3 should be of		22b SIGNATURE	Surrey	DEGREE PHYS	MED STAFF DIRECTOR PHYS	22c DATE SIGNED
AL C NL DI NL DI Poge		22d. PHYSICIAN S	. 60	22e ADDRESS		, , , , , , , , , , , , , , , , , , , ,
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be fill	L		E. Durrett, Md.		ginia Ave., Cumb.	, Md.
Poge Fur	230.	BURIAL, CREMATION, 23b REMOVAL (Specify)		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	24.	Burial Jaj	n. 18, 1969 Fort ADDRESS	Ashby Cemetery 250. R	Fort Ashby, A	fineral, W.Va.
VR A15 (4) 30M REV 1/68	P	hilip B. Wendt	121 Memorial Ave.	Cumb Md DATE	IAN 20 1969 YEL	contes Judge.



FOR STATE	3001 J DIVISION OF VITAL RECORDS, SOT W. PRESION STREET, BALTIMORE, MARTIAND 21201	0
HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME 1. DECE	
	(Type of Print)	
Boge 3 to	DCAIT MAILED	69 111 30p M
Ma and dela	last himbary Months DAYS MORES MIN	Year 2d HOUR
ny delay 2, and 3 PM3 Po par men	Male White 1-9-1896 T3 YRS MONTHS DAYS MURS MIN January 19,	19 2 00 p M
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te fars	Maryland U.S.A. WIDOWED DIVOKED Allega	
E \Z ₹ \Z	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, usual occupation (Kind of work done 12b give street address) ROO (A) and a during most of working life even frequed) INDU	KIND OF BLSINESS OR USTRY
ath the day	Cumbertand / 022 Columbia Avenue Retired Employee Ce	lanese Corp
生く 6 / 注 ちょ	13a. USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. (OUNTY)	
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hin 24 ncil in niner s pages haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS COLUMN Cumberl 16c SOCIAL SECURITY NO. 17 INFORMANT ADDRESS COLUMN Cumberl Cumber	
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be executed pending in inef Medical E insit permit Fevent within	1B. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN CINSET AND DEATH
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emd m m m m m	153.0 DUE TO, OR AS A CONSEQUENCE OF	
- E F 9	Conditions, if any, which gave has to immediate cause (a), (b). Primary Carcinoma of ascending colon	6 Months
word word he Ch iat-tro any	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF With Lung Metastasis	
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d the	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T(a)	
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is certific te, writin farward farward e used ar	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1 1 0 0 1	E December 1900 Carcinoma of right coton	YES NO 🔀
虚気 碧 り /	21a EXTERNAL CAUSE WAS 21b TIME OF IN. JRY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Port 2, Hem 1 PRIMARY OR CONTRIBUTING HOUR A.M.	B)
INER: 1 e certific shauld the files. 3 shauld to a shauld to a shauld to a shauld shauld shauld to a s	CAUSE OF DEATH P.M. 19	
AMINER: the cert 4 shauk or files. 3e 3 shau ematian,		aunty State
DICAL EXAMINER: se execute the cert ctor. Page 4 shault and for your files. ECTOR: Page 3 shault buriel, tremation,	AT WORK AT WORK	
vt exect years for far far rial,	22a 1 certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 🕱 Inquiry 👿,	and in my opinion
train e e e e e e e e e e e e e e e e e e e	death resulted from Natural causes 💹 , Accident 🗌 , Suicide 📋 , Homicide 🔲 , Undetermined monner 🔲	
please I direct retaile	CHIEF MEDICAL EXAMINER	
TY, ple eral di be reti tal D	SIGNATURE Designation Stellar Land ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	
DEPUTY DICAL E RCESSORY, please exect e funeral director. Pa may be retained for FUNERAL DIRECTOR: solth prior to burial.	EXAMINER'S DEPUTY MEDICAL EXAMINER XX January 19	
ro DEPUTY necessary, the funera 5 may be 70 FUNERA Health pr	NAME (Type) BENEDICT SKTTARELIC, M.D. ADDRESS(Street, city, town, or COUMBERLAND, M.	ARYLAND
5 5 4 v 5 4 i	23a BURIAL, CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co.	unty) (State)
20	Burial 1/22/69 Frostburg Memorial Park Frostburg Allegan	
(L)R	24 FUNERAL DIRECTOR ADDRESS 250 REGISTRAR	ATURE
VR A15ME (N)	Silcox-Merritt Funeral Service Cumberland, Md DANJAN 23 1969 Following	0

MAKTLAND STATE DEPAKTMENT OF HEALTH

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in dy ers ers	7o. cou	BIRTHPLACE (Stote or fore gn 7b north CAROLINA	CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH ALLEGANY COUNTY	
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ove cott	13o odr	USUAL RESIDENCE (Where deceosed inssion) STATE MARYLAND		13c. CITY OR TOWN 13d INSIDE C TY LIM CUMBERLAND YES NO		
be exe		FATHER'S NAME First HENRY	Middle Lost DAV I S	15. MOTHER'S MAIDEN NAME FIRE	st M.dd/e	DAVIS
tificate hysicia n pleas val, and	160	WAS DECEASED EVER IN U.S. ARMED Yes, no. of the mount of the second of t	FORCES? dotes of service 16b SOCIAL SECURITY P 2 17-10-68		Address MI	DR., CUMB.,
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 shauld be detached for use as the burial-transit permit. Then please remarks shauld be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event.	NC	Conditions, if dny, which gave rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGN, FICANT CONDITIONS	CAUSE (o) DUE TO, DR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	o Myocoozakios	NOTION GIVEN IN PART 1(c)	APPROXIMATE MTERIAL BETWEEN ONSEL AND DEATH Solomorphisms APPROXIMATE MTERIAL BETWEEN ONSEL AND DEATH
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the hos this ce detache e Dept.	W	of work of work		21f. LOCATION Street or R.F.D. No.	City or Town	County State
OR ATTENDING be retained by th NRECTOR: After to a 3 shauld be de ed with the State		causes stated above, (1	aspital) attended the deceose an	d from 196 964, and that in (my)(our)apini ady after death.	8, to 3, 19 6 ion death occurred on the dote	that (1) (we) last and hour and from the
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the 8		22b SIGNATURE Cerce 22d PHYSIC AN S NAME (Type)	3 Beigle	DEGREE PHYS DR	STAFF 22c DA ECTOR PHYS 1	TE SIGNED
Page 4 O FUN direct shauf	230	BUR AL, (REMATION, REMOVAL (Specify)			· · ·	(County) (State)
	24 H A	FUNERAL HOME	A MANAGED	VE., CUMB., MDAN 8	REGISTRAR 2Sb REGISTRAR S SI-	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00021 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME Frst 2a DATE KNOWN Manth Day Yeor (Type or Print) Anna Brenice Dawson Jan. DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF LNDER 1 YEAR F JHDER 24 HRS 2c DATE PRONOUNCED DEAD Month Jan. Day 17. White March 9. 1893 Female. Year To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH W. Va. U. S. A. Allegany W.DOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 125 KIND OF BUSINESS OR 12a USJA: OCCUPATION (Kind of work done Housewife, even if retired) industry home Cumberland 13a USUAL RESIDENCE (Where deceased fixed, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY EIM TS? 13e STREET AND NUMBER odm ssion) STATE Maruland 136 COUNTY Allegany 207 So. Lee St. Cumberland YES X NO 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Marteneu Ida Strader should be forwarded to the Chief Medical Examines 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) Mr. Daniel M. Dawson, 207 So. Lee None. event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMIDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF CORONARY SCLEROSIS Canditions, if any, which gave 3 rise to immediate cause (a). ony DUE TO DR AS A CONSEQUENCE DE stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART HOL removal 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 📉 NO X 21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M CAUSE OF DEATH 2.d INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry X. ond in my opinion Natural causes XI. Accident . Suicide . death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER Jan. 17, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Benedict Skitarelic, M. D. ADDRESS(Street, city, town, or county) Rt. # 9 Cumb. Md. NAME (Type) 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Sunset Memorial Park. 1/20/69 Cumberland, Allegany Md. 24. FUNERAL DIRECTOR ADDRESS H. Wayne George Cumberland. Maryland VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



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and the second	_			00024	C	ERTIFICATE OF	DEATH	•	0002
	£ _ 2 4			CEASED NAME First	Middle	Lost	20	DATE OF DEATH	2b. HOUR
	hours after death		(1)	ype or print) PHILI	T.	DICKEL	J	ANUARY Month 26, Doy	1969' M
	le l		3. SE.	X	4 RACE	S DATE OF E	BIRTH	6 AGE (in years	IF UNDER 1 YEAR F JINDER 24 HRS MONTHS DAYS HOURS MIN
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	ate or control			21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OF	CCURRED (Enter notur	e of injury in Part 1 ar Port 2, I	tem 18.)
	a fatter a f		MEDICAL	(If either, notify medical examine	er) P.M 19				
	C = 0		W	21d. INJURY OCCURRED While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY) 21f LOCATION Stre	eet or R.F.D. No	City or Town	County State
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	OR ATTENDING the retained by the INECTOR: After 3 should be ded with the State			saw the deceased ali- causes stated abave,	ive an	9 <u>タ</u> ゴ, and that in (n pady after death.	ny) (aur) apınian	deatly/occurred an the dat	te and haur and from the
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	TO HOSPITAL OR ATTE Page 4 moy be retaine TO FUNERAL DIRECTOR director, page 3 should shauld be filed with th			A. IA	IGE STRONG , M. D.		. MAIN ST		VD
	HOSPI Page 4 n FUNER director,			BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State)
	5 5 5 °		B	URITAL JAN FUNERAL DIRECTOR	1. 29. 1969 ST. PA	ATRICK'S CEN	250 RECD BY REG	MT'. SAVAGE, MD	SIGNATURE
	VR A15 (- 30M REV 1	120			FROSTBURG, MD.	21532	DATE FEB	3 1969 REGISTRARS	reas Judge
	QUATE NE, T	FX		COMMENT TO BOTTO	, 210,220,00, 10,0		VAIL	**	- 6

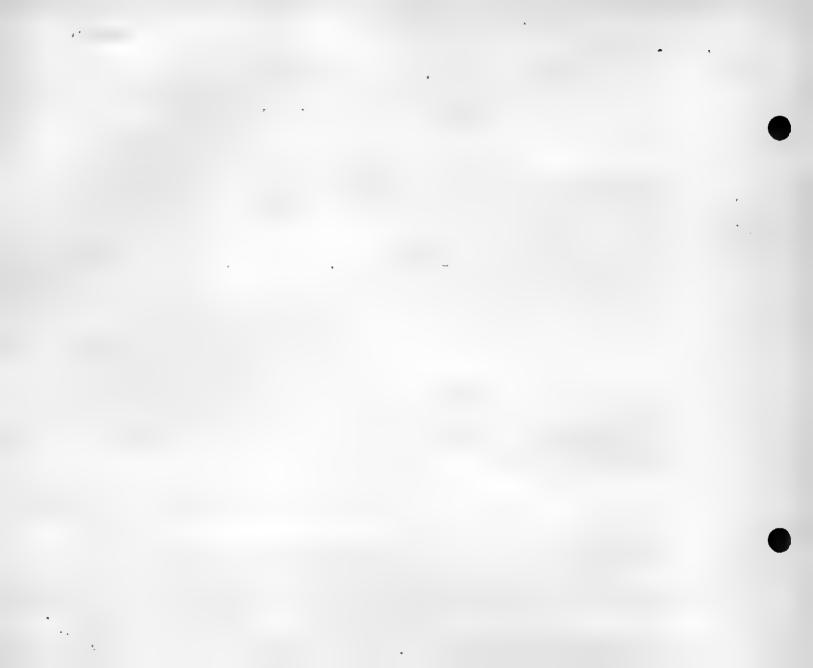


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h certificote be ing physicion a Then please i emavol, and in	160 Y	WAS DECEASED EVER IN U.S. ARM. es, no. of the known) (It yes give we	D FORC	166 SOCIAL SECURITY NO 214-05-5606	17 INFORMANT HOSPITAL		Address	00 SET	N DR.
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IG PHY the ho r this detach te Depi		While Nat while of work at work		INJURY (AT HOME, FARM, STREET, FACTORY, OFF CE BUILDING, FTC			City of Town	County	State
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L DR A) Per retr DIRECT ORECT See 3 sh led with	0	22b SIGNATURE	of y	Sq Wisman	DEGREE PHYS	DIRECTOR	CTAFE	DATE SIGNED - 2-6 -	69
ro nospital Page 4 may broge 4 may broge 4 may broge 4 may broger, page 4 may should be file	22.			SMAN, M.D.		GREENE ST	., CUMBERLAND		
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op a	(1	ype or print) James	W.	Duc	kworth	Sr.	Month De	Yeor 9 11 Ton
in the second	3 . SE		4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the age		Male	White		Sept.	IO. I90	10st birthday) 15 63 YRS	
hours or hours or hours	7o. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. COU	NTY OF DEATH	
n 24 ho	WE	st Virginia	USA	WIDOWED			Allegany Co	unty Ma
	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL	OR INSTITUTION (If	not in hospital	2a. USUAL OCCU	PATION (Kind of work done	125 KIND OF BUSINESS OF
d with letely f arbon nt, with	Ci	mberland	alve street address)	County	Infirma	ry Fa	rorking life, even if retired.)	INDUSTRY Farming
we cart	13a.	USUAMESIDENCE (Where decease	d lives, if institution. Residence be	tore 13exfffx0		NSIDE CITY LIMITS?	13e. STREET AND NUMBER	
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executed within the completely fremove carbon or any event, with	14. 1	ATHER'S NAME FIRST	Middle L	tzo	IS MOTHER'S MAIDEN	NAME First	Middle	Lost
		George	Duckworth			Esthe	er	Travis
sician / sician please please if, and i		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECL		INFORMANT		Address	Cumberland Md.
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the the nation		Canditians, if any, which gave a rise to immediate cause (a),	(b) (3°	Y. CFIA	willie ()	CHMON	dry KHARA	212
tha an. by ran cren		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	E OF	We do	A	1/ 11 1	frigt Khou;
aquites the physician. signed by burial-tra		last	(1)	Musical,	Tir Large	weller.	of Livernan	Ca Moingla.
equires physic signed burial-		PART 2. OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH E	BUT NOT RELATED	TO THE TERMINAL DIS	EASE OR CONDITIO	ON GIVEN IN PART I(0)	2 1 1 1 1 7
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rend s brook	3	190 DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION W	AS PERFORMED "	20a. AUTOPSY?	" !!	20b IF YES, WERE FINDINGS CAUSES OF DEATHS	CONSIDERED IN CERTIFYING
	CERTIFICAT				YES	NO 🗌 "		
IAN: The roll or at ficote he for use Thealth	₩ 8	2To ACCIDENT WAS UNDERLYING TOR CONTRIBUTING TO CAUSE OF DEATH			HOW INJURY OCCURRI	ED (Enter nature	of injury in Port 1 or Part 2	, item 18)
PHYSICIAN: e hospital ar his certificate stoched for u Dept. of Hea	Ĭ	(If either, natify medical examin	er) P.M	19				
PHYSIC ne hospii this certi etoched Dept. of	~	21d INJURY OCCURRED 21e. While hat whe	PLACE OF INJURY (AT HOME FARM, STR OFFICE BUILDING ET	C PACIORY, J. 211.	LOCATION Street or	K.F.D No.	City or Town	County State
det det		of wark — at work —			6	7 10 (19	In Carrow 17 1	
ENDING med by the R: After to uld be do the Stote		22a I certify that (1) (this	s haspital) attended the de	ceased from	not that in (my) (2, 19 <u>42 7</u> ,		9 <u>627</u> , that (I) (we) last late and hour and from the
R: /		causes stated above	(i) (we) (did) (did nat) view	the bady offe	death.	aor, apimon i	legin accorded an the c	are and had and train in
ATTEI CTOR: shoul		22b SIGNATURE	1			- AAED	CTASE 220	DATE SIGNED
OR DIRE	L	Find le	John !	Teller DE	REE PHYS	DIRECTO	STAFF PHYS	aux 18 -1969
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1	3002		ND STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAL' CERTIFICATE OF DEATH		00027
and 2 death.	17	rst Middle LBUR T.	Lost DURST	JANUARY DEATH 29, DO	y 196 9 2b. HOUR
oges 1 s after	3 SEX MALE	4. RACE WHITE	5. DATE OF BIRTH JULY 15,	1887 6. AGE (In years last birthday) 81 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
72 Frou	70 BIRTHPLACE (Stote or foreign country) MARYLAND	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md.
	10, CITY OR TOWN OF DEATH FROSTBURG	give street address) MI	NERS HOSPITAL during	IAL OCCUPATION (Kind of work done to have hard to have ha	12b KIND OF BUSINESS OR INDUSTRY FARM
1	130 USUAL RESIDENCE (Where decoderission) STATE MARYLA	eosed irved, if institution Residence before ND 13b. COUNTY ALLEGANY			STREET
4	14. FATHER S NAME First NORMA	M.ddle Last N DURST	IS. MOTHERS MAIDEN NAME ANIX		TURNER
	160. WAS DECEASED EVER IN U.S. Yes, no. of Jinknown) (fyes 9	ARMED FORCES? 166 SOCIAL SECURITY (ve war or dates of service) 213–48–68		r, FROSTBURG, MD.	21532
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	rise to immediate cause (c stating the underlying cau last PART 2. OTHER SIGNIFICANT).	luged Carter	OSC (S S S S CONDITION GIVEN IN PART 1(0)	your
X	DILLE	9b. CONDITION FOR WHICH OPERATION WAS R	YES NO		
	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Day Yearminer) P.M.	19	er nature of injury in Part 1 or Part 2, City or Town	County State
	White Not while at wark	THE PLACE OF INJURY (AT HOME, FARM, STREET, I OFF CE BUILDING, ETC.			
	sow the deceased causes stated obt	(this hospital) attended the decea alive an	sed from , 19 19 27, and that in (my) (our) of body ofter death.	inion deoth occurred on the de	ote and hour and from the
	22b. SIGNATURE 22d. PHYSICIAN S NAME (Type) L	ESLIE R. MILES, M.	220 ADDDESS	MED STAFF 22c. DIRECTOR PHYS. D	DATE SIGNED . 30 - 6 7 D.
1	23a. BURIAL (REMATION, REMOVAL (Specify) BURLAT 24. FUNERAL DIRECTOR		F CEMETERY OR CREMATORY ZION CEMETERY	23d. LOCATION (City or Town) GARRETT COUNT) BY REGISTRAR 1969 Sb. REGISTRAR	(County) (State)



** 3	1				IN STATE DEVAKIN					•
		00000	DIVISION OF		, 301 W. PRESTON ST		nore, Marylan	ID 21201	0063	2.9
1		00028			CERTIFICATE OF	DEATH			0007	-0
	1 D	CEASED NAME	First	Middle	Last		20. DATE OF DEATH			2b. HOUR
uneral and 2			ELMER	G.	FREEL		JANUAR	Pith 3 Doy	1969	5:15PM
after he fur ges i after	3. 51		4. RACE		S. DATE OF E		6 AG	(In years	IE UNDER 1 YEAR	IF UNDER 24 HRS
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व रिकारी	70. cau	BIRTHPLACE (State or foreigntry)		AT COUNTRY?	B. MARRIED NEVER MA	IKKILD .	COUNTY OF DEATH			
75 Page 75		ALLEGANY	USA		_	DRCED	ALI.EGA			Md
the death certificate, be executed within 24 h the attending physician and completely filled in sit permit. Then please remove carban paper matian, arremaval, and in any event, within 721	10. 0	ITY OR TOWN OF DEATH	453140 0	ME OF HOSPITAL OR IN treet oddress) MOR TAL	STITUTION (If not in hospital	IZa. USUAL during mas	OCCUPATION (Kind of the of working life, ev.	of work done en if retired)	12b. KIND OF I	BUSINESS OR
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ute, be exe	1					AAIDEN NAME Firs		Middle	HECC	Lost
an ase	160	WAS DECEASED EVER IN J		FREE			SARAH	Α.	ME22	ENGER
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	П	18. CAUSE OF DEATH (En PART IL DEATH WAS	CAUSED BY	e for (o), (b), ond (c)	1)		/	a	BETWEEN DI	NSET AND DEATH
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Pite parties of the state of th	DICAL	☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical o	exominer) P.M.	Month Day Year						
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det the o		of work at wark —			11.	,	. 0			
by frer Stat		22a. I certify that (l) (this hospital) atte	nded the deceas	ed from Com.	, 196	To Jan	≥ , 19_	69, that	(I) (we) last
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HO FUN Fun	23a	BUR AL CREMATION,	23b DATE		CEMETERY OR CREMATORY		23d LOCAT ON (City		((aunty)	(Stote)
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1 72 "	I tems 18-22a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH 3-7-69 ams rdivision of vital-records 301 W. reston street, baltimore, maryland 21201	
FOR STATE	3-7-69 AMM TOLVISION OF VITAL-RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0029
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20 DATE KNOWN (**) Month Do	
Pa de ro	(Type or Print) JOSEPH HENRY GOEBET. OF ESTI- DEATH MATED JAN-10.	
\$ 25 g	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years F-wider 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD	2d. HOUR
ny delay 2, and 3 PM3. Pa	MALE WHITE AUG. 20,1912 56 VRS. Jan. 10. 1969	Year 19 2:000 M
-0.4	70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED ATT BYCA NOV	
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e execute pending'i sf Medico sit permit		24-48 hour
pen jef A	Conditions, if only, which gave) Cerebral edema	
word the Chi	rise to immediate cause (o). storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	About
shauld be e o the Chief / burial-transit	lest Chronic brain injury	3yrs.,7mos
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e, writifarwar farwar e used emaval	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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L EXAMINER: ecute the certif Page 4 shauld or your files R: Page 3 shaulf al, cremation,	while RI Nor while of foctory, office building, etc) Farm Mt. Savage Allega	iny Md.
	22a certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🕱, Inquiry 🕵,	and in my opinior
Se and Sector Se	death resulted fram: Natural couses 🔲 , Accident 🕱 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌]
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o DEPUTY DICA necessory, please = x the funeral directar. S may be retained fo FUNERAL DIRECTO Health priar to bur	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M. D., FACP. ADDRESS (Street, city, town, or countIMBERLAND, N	
necessory, please the funeral directors may be retained from to Funeral Directors may be retained from Funeral Directors from Funeral Dir	23a. BURIAL CREMATION 23b DATE 23c NAME OF CRMETERY OR CREMATORY 23d LOCATION (City or Town) (Co.	ounty) (Stote)
	REMOVAL (Specify) BURTAI, JAN 11, 1966 TAMBET HITL CEMETREDY MOSCOW MILLS ALI	EGANY MD.
VR A15ME (5)	24. FUNERAL DIRECTOR 25b. REGISTRAR SIG	HATURE
10M REV 1 /68	SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MD AN 16 1969 Following	
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/ _ 1	1	10000		D STATE DEPARTMENT OF HI 301 W. PRESTON STREET, BALTIN		
y		00939		ERTIFICATE OF DEATH	TIENTE TIENTE	06030
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within within bon po	C	CITY OR TOWN OF DEATH CUMBERLAND	11 NAME OF HOSPITAL OR INS give street oddress) MEM	ORIAL HOSPITAL during Tag	OCCUPAT ON (Kind of wark done Laf warking life, even if retired)	12b KIND OF BUSINESS OR INQUSTRY FOUNDRY
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G PHYSIC the haspi this cert detached te Dept. a	W	While Not while at wark		ORY.) 21f. LOCATION Street or R.F.D. No.	City or Tawn	Caunty State
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VR A15 45M - 1	24.	James F. Scar	rpelli, Cumberla	nd, Md.	I 1969 256 REGISTRAR S	SIGNATURE SIGNATURE



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4 hour	70 cau	BIRTHPLACE (State or fore gn ntry) MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED UVORCED DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md.
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be ex n and se rema if in any	14	FATHER'S NAME FIRST VIRGIL	Middle Last CRAWF	ORD IS MOTHER'S MAIDEN NAME	irst Middle	KELLER
tificate hysician n pleas val, and	160	WAS DECEASED EVER IN U.S. ARM (es, ng, ocupanown) (If yes give w	ED FORCES? ar or dates at service) 16b SOCIAL SECURITY NONE		Address HOSPITAL - CUMB	ERLAND.MD.
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DING PHYS by the has ther this ce be detache State Dept.		While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.			Caunty State
·		sow the deceased of	ive on 1 - 1 3 - 1 (I) (we) (did) (d)d not) view the	ed from 1 - 13 - , 19 6 9 69, and that in (my) (aur) opi body after death.	nion death occurred on the do	te ond hour ond from the
AL OR ATTENE y be retained L DIRECTOR: A age 3 shauld filed with the		22b SIGNATURE 1	Mont	DEGREE PHYS A	NED STAFF 22c	DATE SIGNED
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4		0003~		301 W. PRESTON STREET, BALTIC CERTIFICATE OF DEATH	MORE, MARYLAND 21201	0832
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Somple Control	odm	ssion) STATE MARYLAND	13b COUNTY ALLEGANY	WESTERNPORT YES K NO	420 WALNUT STR	EET
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OR ATTENDING PHYSICENT: The law requires that the death certificate be executed within 24 hours after death be retained by the hospitol or attending physicion. **SIRECTOR: After this certificate has been signed by the attending physicion officential to the funeral endings and the buriol-transit permit. Then please remove carbon papers. Pages I and 2 and with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 figurs after death.	160. Y	WAS DECEASED EVER IN U.S. ARMED (IF 1) WELLOW	or dates of service) 16b SOCIAL SECURITY 2 17-05-0		OSPITAL, 900 SETON	DR., CUMB.,
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YSIII ospi cert hed hed	MED	21d NIURY OCCURRED 21e Pt		(TORY.) 21f LOCATION Street or R.F.D. No.	City or Town	County State
G PH the hr this detacted Dept		of wark at work			,	•
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R ATTENI retoined RECTOR: A 3 should with the		causes stated above, ((I) (we) (did) (did not) view the	body ofter deoth.	ion death occurred on the dote	ond hour and from the
A S D S S		22b. SIGNATURE	()	ATTENDAGE W. AND	22 ₁ . DAT	E SIGNED
OR be be be be ded		Fill	lo Buen		D. STAFF DECTOR PHYS	4 - 69
PITAL may ERAL poor in, poor fill be fill left.		22d PHYS CIAN'S NAME (Type) RALPH W	. BALLIN, M.D.	62 GREENE S	ST CUMBERLAND, MD	. 21502
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state Dept.		BURIAL, CREMATION, 23b. DA	7/69 Philo	CEMETERY OR CREMATORY	23d LOCATION (Green Proport	(anuth) MG ote)
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	r The I arter e has use as ulth pri	TIEC					YES 🔀	NO [_]	CAUSES OF DEATH	me o	lopar	7
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	Aff d by d by d by e St		saw the deceased	al ve on	127/27	19, ond	that in (pry)	(or opinion	death occurred		ond hour or	nd fram the
	ATTENDING stained by th CTOR: After t should be d ith the State		22b, SIGNATUR	ve, (I) (we) (di g)	(did not) view the	body after d	leath.					
	OR ATTEN be retained SIRECTOR: / e 3 shauld ed with the	r	22b. Signal Six	22/1		1000	PATTENDING	MED DIRECTO	STAFF	22c. DA1	TE SIGNED	11.3
	Al C	-	22d PHYSICIAN S			- HILL	22e ADDRES	22	27		/-//	
	SPIT.		NAME (Type) DR. F	EDCHARD J.	WILLIAMS		L22 .	SOUTH CE	NTRE ST.	, CUME	BERLAN	D, MD.
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FOR STATE		30034			RESTON STREET, BALTI	-	AND 21201	0000	34
HEALTH DEPT.		ECEASED-NAME FI	INEDICA	Middle	k J CENTIFICATE	OF DEATH	20. DATE KNOWN	Month Doy	Yeor 2b HOUR
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	3 S		5. DATE OF BIRTH	I6 AG	(In years I F UNDER I YEAR	IF JNDER 24 HRS	2c DATE PRONOUNCED	DEAD	2d HOUR
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e bo	7o. cour	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED NEVER MAR	RIED 9. COU	NTY OF DEATH		
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haurs after death ttem 18. Give Pag Office alang with Tond 2 with the Sta ofter death.	14. 9	ATHER S NAME First	Middle	lost	IS MOTHER'S MAID		Middle J. F		Valley Rd.
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thin 24 min in min is seen to be pages haurs	160.	WAS DECEASED EVER IN U.S. ARME	1,4	b. SOCIAL SECURITY N	O. 17. INFORMANT				Addition
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hi. F		1B. CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE	only one couse per line	for (o), (b), and (c)				BET	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
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vard " vard " ne Chie al-tran any ev		rise to immediate couse (a),	(b)	A CONSEQUENCE OF	CORONAR	Y SCLE	EROSIS		
should want the original in ar		stating the underlying couse lost.		A CONSEQUENCE OF					
bical Examiner: This certificate should be executed within se execute the certificate, writing the ward "pending" in Trans. estar. Page 4 shauld be farwarded to the Chief Medical/Examin ned far yaur files. EETOR: Page 3 shauld be used as a burial-transit permit. File page oburial, crematian, ar removal, and in any event within 72 hau		PART 2. OTHER SIGNIFICANT COI	(c) NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	SEASE OR CONDITIO	N GIVEN IN PART 1(0)		
ifica ting trdec as as	2								
veri veri used	CERTIFICATION	190. DATE OF OPERATION	191	 b. CONDITION FOR V WAS PERFORMED! 				20	AUTOPSY?
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rrifik Ild b Suld	S	PRIMARY OR CONTRIBUTING	HOUR A.M.	URY Month, Doy, Yea	1210 HOW INJURY OCC	.URRED (Enfer notur	e of injury in Port 1 or	Port 2, Hem 18.)	
INER le cert shaul files. 3 shan	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e	P.M. PJACE OF INJURY (At h	ome form street	21f LOCATION Street o	r R F D. No	City or Town	Count	V Stote
ICAL EXAMINER: This certificate is execute the certificate, writing the far. Page 4 shauld be farwarded to ed far yaur files. ICTOR: Page 3 shauld be used as a bunal, crematian, ar removal, and		WHILE NOT WHILE AT WORK	factory, office building, e	rtc)					2000
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3 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
	CERTIFICATE OF DEATH
after death. The funeral ges 1 and 2 after death.	1. DECEASED-NAME (Type or print) MAE FLORA F. HEADLEY JANUARY 23 D4969eor 3:484
after full factor of the full factor of the full factor of the full factor of the fact	FEMALE 4 RACE S. DATE OF BIRTH 1/19/1906 6 AGE (In years if under 1 YEAR IN UNDER 24 HRS. WHITE 1/19/1906 6 AGE (In years if under 1 YEAR IN UNDER 24 HRS. WHITE 1/19/1906
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OR ATTENDING be retained by th SIRECTOR: After t e 3 should be de ed with the State	22a certify that (I) (this haspital) attended the deceased fram
ECT AT With With With	226 SIGNATURE 22c. DATE SIGNED
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O HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the hos O FUNERAL DIRECTOR: After this ce director, page 3 should be detache	220 ADDRESS NAME (Type) DR. S. M. JACOBSON 220 ADDRESS 50 PERSHING ST., CUMBERLAND, MD.
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VR AIL (N)	SCARPELLI FUNERAL HOME, CUMBERLAND, MD. 250. REC D BY REG STRAR 256 REGISTRAR'S SIGNATURE
45M - 1069	SCARPELLI FORERAL HOME, COMBERCAND, MD.



	MARYLAND STATE DEPARTMENT OF HEALTH							
¥	30030 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH							
death	DECEASED-NAME (Type or print) CRAWFORD C. HENDRICKSON 20. DATE OF DEATH DO. 1869	2b. HQUR 2						
ours after death by the funeral Pagest, and aurs after death	MALE A RACE WHITE S. DATE OF BIRTH 897 6 AGE (in years lif under 1 YEAR lost burinday) YRS. WONTES DAYS	IF JNDER 24 HRS HOURS MIN.						
than by	To BIRTHPLACE (Stote of Care-ign Country) MARYLAND To CITIZEN OF WHAT COUNTRY? U. S. A. **MARRIED XNEVER MARRIED ** WIDOWED DIVORCED ** **ALLEGANY**	Md						
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be execution and camples remave ad in any even	4 FATHERS NAME First Milliam HENDRICKSON IS MOTHERS MADEN NAME First Middle SMITH	lost						
ertificate b physician en please aval, and i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) WW 1 166 SOCIAL SECURITY NO 17 INFORMANT Address 214-05-6365 MEMORIAL HOSPITAL, CUMBERLAND,	, MD.						
that the death c an. by the attending transit permit. Ir	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUS (a) Conditions, fany, which gave is to immediate cause (a). Storing the Jinderlying cause lost. (c) Consequence of the following course lost. (c)	VATE INTERVAL VISTI AND DEATH						
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N: The ar after are has are use as ealth pr	YES NO CAUSES DE DEATH? 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 22tc HOW INJURY OCCURRED (Enter nature of injury in Port) or Port 2, Item 18.)							
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	220. I certify that (I) (this hospital) stranged the deceased from	(I) (we) last and from the						
may be RAL DIR Page be filed	DEGREE PHYS DIRECTOR PHYS 22e ADDRESS 122 S. CENTRE ST., CUMBERLAN	D, MD.						
Page 4 O FUNE	30. BURIA., CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) PLANT 1 1969 POSCY TOWN CONTROL OF COUNTY CONTROL OF	(Stote)						
VR A 741 45M - 69	Burial Jan 1,1969 Rest Lawn Mem. Garden Cumberland Allegan Funeral Director # FUNERAL DIRECTOR William G. Kight Cumberland Md	de de						

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
EX		3003	
2 22	1.0	CERTIFICATE OF DEATH	00037
er death. funerál l and 2 er death.	-	(Type or print) WILHELMINA HENDRICKSON JANUARY TOTAL 23 DOY	1969 2:00A
aurs after of the fun by the fun Pages 1	3 5	FEMALE 4 RACE WHITE 5 DATE OF BIRTH 6/21/23 6 AGE (In years lost birthday) VRS	F JNDER 1 YEAR IF UNDER 24 HRS MONTHS CAYS HOURS MIN
24 haurs after death	7a (01	BIRTHPLACE (State or foreign VARYLAND 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED ALLEGANY	Md
rithin 2 ly fuld an jup	-	CITY OR TOWN OF DEATH 11 NAME DE HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work dane during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY At Home
PHYSICIAN: The law requires that the death certificate be executed within the haspital ar attending physician. The certificate has been signed by the attending physician and completely full trached for use as the burial-transit permit. Then please remove carban bept. at Health priar to buriol, crematian, or remayed, and in thy event, with the complete of the contraction o	13o adm	USJAL RESIDENCE (Where deceosed lived, if institution Residence before list CITY OR TOWN 136 MS/SC CTY JM 137 36 STREET AND NUMBER MARYLAND 13b. COUNTY ALLEGANY CUMBERLANDES X NO 625 SCHR IV	
executing compared to the comp	14.	FATHER'S NAME First Middle Last IS MOTHER'S MADEN NAME First Middle	Last
be ex		ROBERT SIMONS HADDIE	LANDIS
ricate b	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or unknown) (If yes give war or dates of sarvica) Address	
phy avol		No 219-14-6806 MEMORIAL HOSPITAL CUMBER	
physician. physician. signed by the attending ph burial-transif permit. Then buriol, cremotian, ar remay		PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 4:- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH THE PROPERTY OF
he death attendir permit.		DUE TO, OR AS A CONSEQUENCE OF	. /
at the sit most		Conditions, if any, which gave rise to immediate cause (a).	1024.2,
s th cian d by l-tra , cre	Н	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
aquires physici signed burial- buriol,		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1
ng pen sen sen stob	25		
SICIAN: The low rengible of a catending pertificate has been sed far use as the bed fealth prior to be	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The I after a stering that a second this principle.	RTIFI	YES NO CAUSES OF DEATH?	
AN: al al icate far u	N K	210 ACCIDENT WAS UNDERLYING 216. THME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. If OR CONTRIBUTING CAUSE OF GRATH HOUR A.M Month Day Year	tem 18.)
rspit aspit certil hed t. af	MEDICAL	[If either, notify medical examiner) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City of Town	County State
OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate ge 3 should be defiached far used with the State Dept. af Health		21d INJURY OCCURRED While Not while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUILDING, ETC City or Tawn City or Tawn	County State
ING by H ter i		22a. I certify that (I) (this hospital), attended the deceased from 12	(2, that (1) (we) last
OR ATTENDING De retained by it SIRECTOR: After it of a should be ded with the State		saw the deceased alive on	te and havr and fram the
R ATTENI retained RECTOR: A 3 shauld with the		22b SIGNATURE?	DATE SIGNED /
OR DE LA MANAGE		DEGREE PHYS DIRECTOR	114/60
TAL Proy AL f		22d, PHYSICIAN'S 22e ADDRESS	AND MD
NER.	_		ANU, MUL
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be defached far use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept. of Health priar to burial, creating the state Dept.	23a	Burial (Specify) 23b Date 23c Name of CEMETERY OR CREMATORY 23d LOCATION (City of Town) Sunset Memorial Park Cumberland Alleg	(County) (State)
	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRARS 1	
VR A15 14 45M - 1 789		SILCOX FUNERAL HOME CUMBERLAND. MD. DATJAN 27 1969	cas Luck



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30038 00038 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR DEUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the state Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. 24 hours after deoth (Type ar print) Douglas James Heron 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (n veors FUNDER 1 YEAR last birthday) filled in py the May 23,1888 Male White 7a BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [31 NEVER MARRIED] country) WIDOWED | DIVORCED IT U.S.A. Allegany West Va 12a, USUAL OCCUPATION (Kind of work done IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address 30 12b KIND OF BUSINESS OR Cumberland 13a. USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Employee 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY YES 🗐 Cumberland 630 Frederick Street 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Carrie Simmons John i Heron 690 Frederick Stree 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Martha Lee Heron Cumberland, Marylan iB. CAUSE OF DEATH (Enter only one cause per line for (b), (b), and (c).)
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH aroutet Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART, 169 O FUNERAL DIRECTOR: After this certificate has been 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [NO 🗔 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from 121. 1965, to. 19/04, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION (County) Burna (pecify) 1/23/69 RoseHill Cemetery Cumberland Allegany Maryland 2So. REC'D BY REG STRAR 256. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR DATE JAN 29 Silcox-Merritt Funeral Service Cumberland, Md



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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please that have the burial cremation, ar remayal, and in any contained to the please that the state Dept. af Health prior to burial, cremation, ar remayal, and in any contained to the please that the state Dept.	22.					COMPANDY OF					
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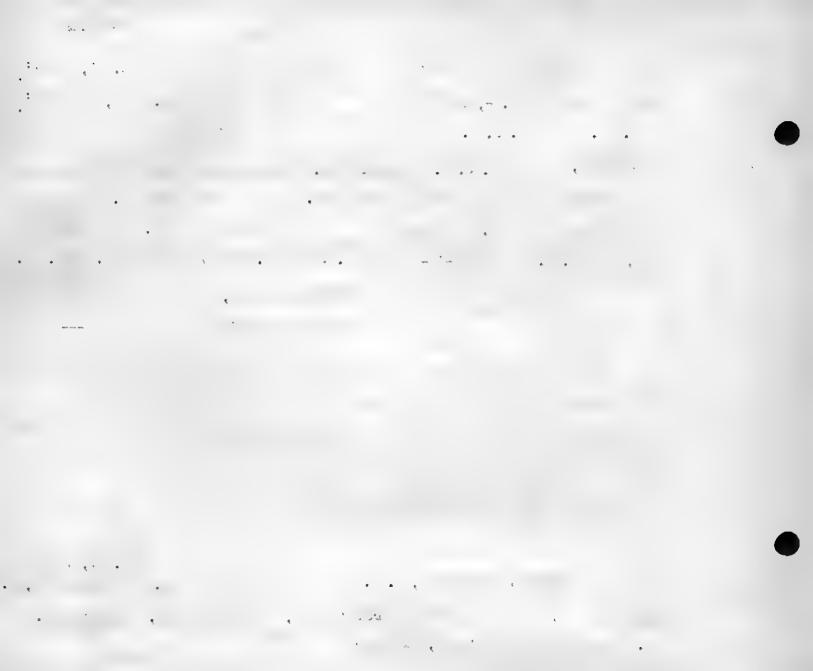
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1	0 0 G 4 3 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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OR ATTEN be retoined DIRECTOR: /	226 SIGNATURE ATTENDING ATTENDING DIRECTOR DIREC	
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ERA or, p	22d PHYSICIAN S NAME (Type) DR. ROBERT BRODELL 22e ADDRESS 500 GREENE ST., CUMBERLAND, MD.	•
Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Health	G. BURIAL, CREMATION, PARTIE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stot	e}
2 2 2 0	REMOVAL (Specify) Burial Jan 8, 1969 Sunset MemorialPark Cumberland Allegany M FUNERAL DIRECTOR ADDRESS AD	d
R A15/4	JAN 10 1009 Mesantas anches	4
<u> </u>	William G. Kight Cumberland Md. DATE	



MAKYLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00044 06644 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I DECEASED NAME First M ddis 20. DATE KNOWN (Type or Print) William Mason Judu Jan. 27. 1969 DEATH MATED 4 RACE IF UNDER 1 YEAR 3 SEX S DATE OF BIRTH 6. AGE (in years F JINDER 24 HRS 2c DATE PRONOUNCED DEAD White. Jan. 19 69 Male Year Oct. 4. 1894 74 70. BIRTHPLACE (Stote or foreign 75 CT.ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH arm W. Va. U. S. A. Allegany WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR Stationary Fireman INDUSTRY Potomac Edison Cumberland Memorial Hosp. 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d. -NS, DE CATY L M. TS? 13e, STREET AND NUMBER odm ssion) STATEMaruland 13b COUNTY Allegany Cumberland. YES X NO 736 Greene St. after 14. FATHER S NAME 15. MOTHER S MAIDEN NAME Lost First Lost Mary Judu A. Harman George hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT be executed within **ADDRESS** 217-10-9584 Mrs. Violet M. Judy 736 Greene St. Cumb. Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. CORONARY OCCLUSION. SUDDEN IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave CORONARY SCLEROSIS rise to immediate couse (o). gny e, writing the ward forwarded to the Ci This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse and in PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ar removal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? he certificate, YES [NO V 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. P.M CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) MOT WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry X and in my opinion Notural couses X. Accident Suicide deoth resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER 225 DATE SIGNED 1969 ASSISTANT MEDICAL EXAMINER DEPUTY MED CAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health BENEDICT SKITARELIC. M. D. ADDRESS(Street, city, town, or county) Rt. NAME (Type) Cumberland, Md. 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Sunset Memorial Park. Alkegany Md. 1/30/69 Cumberland_ 24 FUNERAL DIRECTOR **ADDRESS** H. Wayne George Cumberland, Maruland VR A15ME 15 DATE



-1	MARYLAND STATE DIVISION OF VITAL RECORDS, 301 W. PI	DEPARTMENT OF HEALTH RESTON STREET BALTIMORE MA	RYIAND 21201
	0.04.5 CERTIFIC	ATE OF DEATH	06045
l and 2 ler death.	ED NAME First Middle gr pr nt)	Last 2a. DATE 0	F DEATH 2b. HOUR
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8	EMALE WHITE PLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED	8 26 07	IIO'
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41/	A RESIDENCE (Where deceased fixed, if institution Residence before) 33c CITY OR COUNTY ALLEGANY CUMBE		REET AND NUMBER 212 CECELIA STREET
1	PHILLIP CAMPBELL	MOTHER'S MAIDEN NAME First ELIZABETH	(MOBLEY) CAMPBELL
		VFORMANT OSPITAL RECORDS	Address900 SETON DRIVE CUMBERLAND, MD.
	CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)): PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF ditions, if ony, which gove to mined of a cause (o), and the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) T 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	tometrium with netostalis concertion Give	APPROXIMATE INTEVAL SETWEN ONSE AND DEATH THE OR Consolle N IN PART 1(0)
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	PHYSICIAN'S NAME (Type) DR. LEWIS BRINGS	22e ADDRESS 57 GREENE STREET	-CUMBERLAND, MARYLAND
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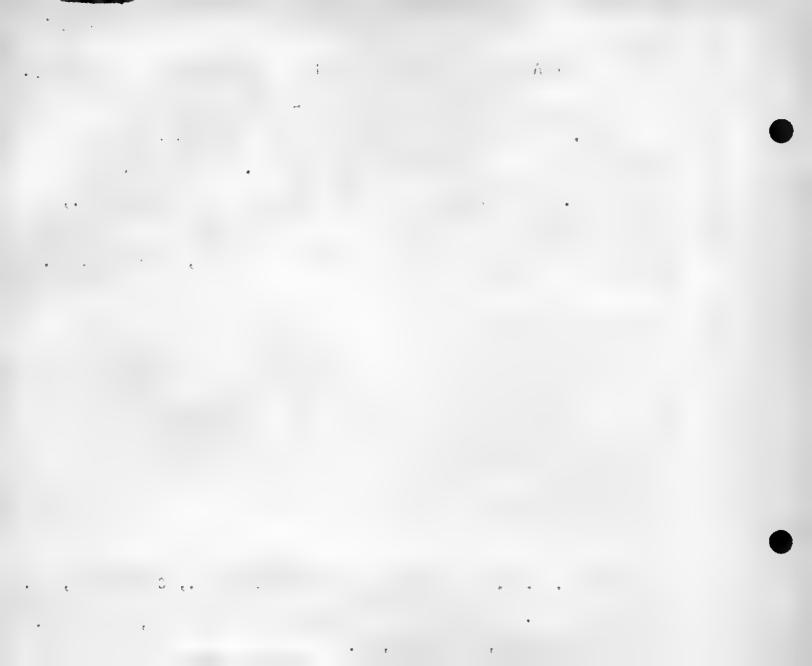
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 0 0	£7
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campletel ave carb	130 USUAL RESIDENCE (Where deceosed verodm ssion) STATPENNSYLVAN 134	if institution: Residence before 13c CITY O MEYER	R TOWN 13d INSIDE CITY LIM-TS? S DAL E YES NO	RT. #4, BOX 2	38
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physician en please aval, and	Yes, no, or www.nown) (If yes give war or dates	162-16-5638 S	ACRED HEART HOSP		N DR., CUMB.,
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the fundamental states	3 5	FEMALE	RACE WHITE	S DATE OF BI	RTH 11-02-91		UNDER 1 YEAR OF UNDER 24 HRS UNTHS OAYS HOURS MIN
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DING PHYSICIAI by the haspital (fer this certifice be detoched for State Dept. of He	ME	21d INJURY OCCURRED 21e PLACE While Not while	OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TOPY, 21F LOCATION Street			County State (69)
			spital) attendedsthe deceasi inl (we) (did) (did nat) view the	ed 8m 129ECEP 988, and that in (my body after death	(BER19 60 , ta y) (our) opinion dec	th occurred on the date	ond hour and from the
IL OR ATTENI y be retained t DIRECTOR: A age 3 should filed with the		22b SIGNATURE R. W	Bree h. s,		DIRECTOR	STAFF 22t DAY	signed 9169
ro Hospital o Poge 4 moy be ro Funeral Dif director, page \$ should be filed			ALLIN, M.D.		GREENE ST.	, CUMBERLAND,	MD. 21502
TO HOSPIT Poge 4 m. TO FUNERA director,	В	BUR AL CREMATION, 23b DATE PARTY (PROVAL (Specify) 1-21-C	ST. PA	CEMETERY OF CREMATORY THICK IS CLEMET MD. 21532	ERY	T SAVAGE M	County) (State)
VR A VY		DURST FUNERAL HOMI		., 69 FROST.	DATE BERESISTRI	869 2567 REGISTRAK S SIG	MANUKE X

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_ 1			ID STATE DEPARTMENT OF H		
	00051		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	00051
# -Z=	1 DECEASED-NAME First	M ddle	Lost	20. DATE OF DEATH	26 HOUR P
dea and dea	JOHN (Type or print)	FRANCI	S LEEDY	Month O 1 Day 04	Year 69 11:55 m
fur fur	3 SEX	4. RACE	5. DATE OF BIRTH		UNDER 1 YEAR ,F UNDER 24 HRS.
the the safes af	MALE	WHITE	•6-24-96	last buthday) YRS.	THS DAYS HOURS MIN
yd yd	7o. BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
hin 24 haurs after death. filled in by the funeral pages? Pages I and 2 fhin 72 hours after death	(auntry) PENNSYLVANI	A U.S.A.	WIDOWED DIVORCED	ALLEGANY COUNTY.	h 14
E Bee	IO CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120 USUA		2b KIND OF BUSINESS OR
kate be executed within 24 haurs after death size on and completely filled in by the funeral please remove corbon papers. Pages 1 and 2 i, and in any event, within 72 hours after death	CUMBERLAND	SACRED" HEART	HOSPITAL RETERM	rsTotaleCymnets even of retired)	ATEROAD
pple conf	I3a USJAL RESIDENCE (Where deceas	ed lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE CTY LA	The state of the s	
corr	odmission) STATE MARYLAND		CUMBELAND YES X NO		REET
ex em rem	14. FATHER S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME FI		Lost
ie be	JAMES	LEEDY		ZABETH	LEEDY
) or di	16a, WAS DECEASED EVER IN U.S. ARM Yes, no aconknown) (If yes give w				21502
novon movement			814 SACRED HEART HO	JSPITAL, 900 SETUN	
	18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mit.	IMMEDIA	TE CAUSE (0) _ Bricker	of forestopped	usononia	20 day
he c per jon,	9.717	DUE TO, OR AS A CONSEQUENCE OF	0 0		
at the the nsit mate	Conditions if any, which gave rise to immediate cause (a),	(b) Clores	ead Curton	of frier	6 mos.
by troi	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
ysic ysic ned rial-	lost	(1) 0	vosarca-		
OR ATTENDING PHYSICIAN: The law requires that the dec be retained by the hospitol or ottending physicion. DIRECTOR: After this certificate has been signed by the attenty 3 should be detached for use as the burial-transit permited with the State Dept of Health prior to burial, cremation, or	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT IN	OT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART I(o)	
aw adin beer the	190. DATE OF OPERAT ON 196. 0	CONDIT ON FOR WHICH OPERATION WAS PE	REORMED 200 AUTOPSY?	206 IF YES, WERE FINDINGS CONSI	DEDER III CERTIFOUIC
The law ottendin hos been sse as the the prior t	190. DATE OF OPERAT ON 196. O	OUD OUT OF SHIELD OF EVALUATION THAT LE	YES NO D	CAUSES OF DEATH?	DERED IN CERTIFIENG
or of the house of	21a. ACC DENT WAS UNDERLYIN	G 216 TIME OF INJURY		nature of injury in Part 1 or Part 2, Item	101
for far far		HOUR A.M Month Day Year		native of injury in Part 1 of Part 2, Item	18)
rsic ospi certi hed	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin 21d, INJURY OCCURRED 121e.			City or Town Co	punty State
PH his his Dep		OFFICE BUILDING, ETC	TORY) 21f LOCATION Street of R.F.D. No.	City of Town	10/11 11GTE
NG Y th e of ote		s haspital) attended the decease	ed fram 1000 - , 19 C	S to	that (i) (we) last
A A A A A A A A A A A A A A A A A A A	saw the deceased al	ive on	9 6 7, and that in (mv) (aur) anir	nian death accurred on the date of	and hour and from the
OR THE		(HT)we) (did) (gld nat) view the l	bady after death.		
Peter returned with with with with with with with with	226 SIGNATURE	Mille	ATTENDING ME	D STAFF 22c DATE	SIGNED
De	1	1100/12	DEGREE PHYS DI	RECTOR PHYS	7/69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dearn certificate be executed with Page 4 may be retained by the hospitol or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, we have the province of the state of the stat	22d PHYSICIAN S NAME (Type)	PAGAN, M.D.	22e ADDRESS 1068 NATIO	DNAL HWY., LA VALE,	MD. 21502
TOS TOS TOS TOS TOS TOS TOS TOS TOS TOS	23a BUR AL, CREMATION 23b C		CEMETERY OR CREMATORY		
O HOO O FUN direct	BENOVALISPECIFY) 1	· hole · a	ton & Paul's Cem.	Cumberland. Al	egany, Md.
(6 V N	24 FUNERAL DIRECTOR H. Wall	MO GONTOO ADDRESS	Inc. prop pv		
VR A (4)	GEORGE FUNERAL	HOME, 202 GREENE S	ST., CUMB., MBAN 9	And the second second	Judge.

_	1	MARYLAND STATE DEPARTMENT OF HEALTH								
-		30053	DIVIS	ON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH				OO 8 5 2		
uneral uneral t and 2		CEASED NAME ype or print)	First OSEPH	Middle G.		Last LEWIS	2	JANUARY Month 15t	h ^{oy} 1989	26. HOUR 4:57 M
hours after n by the ts. Pages		X MALE	4. R	ACE WHITE		5. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS DAYS YRS	IF UNDER 24 HRS. HOURS MON
		BIRTHPLACE (Stote or foreign stry) MARYLAND	7b, CIT	U.S.A.	8 MARRIED (NEVER MARRIE		COUNTY OF DEATH ALLEGAL	ΙΥ	Md
ed within 24 pletely filled in carban paper ent, within 72	10. (TTY OR TOWN OF DEATH FROSTBURG,		11. NAME OF HOSPITAL OR II	NSTITUTION (If no			CCUPATION (Kind of work do of working life, even if retire	one 12b KIND OF	BUSINESS OR R. R.
/ ₹ Æ \$ å	13o. adm	USUAL RESIDENCE (Where of	leceosed lived	I, if institution, Residence before COUNTY ALLEGANY	13c. CITY OR FROS		I INSIDE CITY LIMITS?		R	
and control in any ev		ATHERS NAME First THEO	PHILUS	Middle lost IEWIS	115	MOTHER S MAID	EN NAME First IDA	M.ddl	le	Lost ARY
physician physician aval, and i		WAS DECEASED EVER IN		CES? 16b. SOCIAL SECURITY		NFORMANT PS_ELTZ		Addre	955	
requires that the death certificate be exegonly sician. In signed by the attending physician and executive burial-transit permit. Then please remain oburial, cremation, ar remayal, and in any		PART I, DEATH WAS (ter only one c AUSED BY IMEDIATE CAUS	couse per one for (a), (b), and (c		iae o	un	st.	APPROXI	MATE INTERVA, INSET AND DEATH
s that the d cian. d by the ath -transit pen- cremation,		Conditions, if any, which gase to immediate cause	(o).	JE TO, OR AS A CONSEQUENCE O (b) JE TO, OR AS A CONSEQUENCE O	core	lial	isch	ama	/	z. ngr.
luires that th hysician. igned by the urial-transit p urial, cremati		stoting the underlying collast PART 2. OTHER SIGNIFICAN)	(c) CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D	DISEASE OR COND	clerrous	1	2 ys.
VSICIAN: The law ospital ar aftendin certificate has been hed far use as the far use the far the f	NTION	Em	12 hy	ON FOR WHICH OPERATION WAS F	ERFORMED	200 AUTOPSI	sever	20b. IF YES, WERE FINDIN	NGS CONSIDERED IN C	ERTIFYING
	CERTIFICATION	21o. ACCIDENT WAS UNDE	RLYING 2	TIME OF INJURY		YES DW INJURY OCCUR	NO RED (Enter no	CAUSES OF DEATH?	ort 2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical e 21a, INJURY OCCURRED	of OEATH F exominer) 21e PLACE (19	CATION Street o	or R.F.D. No.	City or Town	County	State
ING PH by the f ter this be detail tate De		While Not while at work 22a. I certify that (I) (th is hos	oitel) attended the decea		lan. 11	1,19,69	, to Ray 15	, 19 <u>69,</u> that	(I) (year) lost
ATTENDI ATTENDI retained b ECTOR: Af shauld b with the S		causes stated a	ed alive at bave, (1) (2	(did) (did vi) view the	19 <u>69, e</u> nd bady after o	that in (my) leath.	(o ur) apinia	n death accurred an th		and fram the
L OR A be ret DIREC DIREC DIREC DIREC		22b SIGNATURE	in	J. Walt	12 DEGR	11113	DIREC	TOR STAFF PHYS	22c. DATE SIGNED	69
Page 4 may be retained by the h O FUNERAL DIRECTOR: After this director, page 3 shauld be detac should be filed with the State Dep	00			. WALTERS,	ti crattery on		BROADWA	Y, FROSTBURG		(Santa)
		BURIAL, CREMATION, BUNCYAL (Specify) FUNERAL DIRECTOR	23b. DATE 1-18-6	59 FBG. M	EMOLIAL	PARK		FROSTBURG, N		(State)
OM REV VE	24.	JOSEPH R. 1	DURST,	FROSTBURG,	MD. 215	532	SATE JAN'2	egistral 969 256 Registi	CONCES TONS	A.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00053 00053 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME Middle 20. DATE KNOWN Month Doy Yeor (Type or Print) ESTI-Ronald DEATH MATED Young IF LINDER 24 HRS 3 SEY 4 RACE 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH HOURS January 31, 1969 Year 1/1/1912 Male White 7o. BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Spokane Wash. DIVORCED [7] WIDOWED [T Allegany ID. CITY OR TOWN OF DEATH 13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Conductor INDUSTRY Cumberland Hospital -- DOA with TI3d INSIDE CITY LIMITS? 113e. STREET AND NUMBER death, 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN the Chief Medical Examiner's Office along Maryland 13b. COUNTY Allegany YES NO Flintstone Rt lond2 after 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Peter Young Lohr Rose bages haurs Dawson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) (II yes give war or dales of service) None Mrs. Ronald Y. Lohr Sr. Flintstone File 18. CAUSE OF DEATH (Enter only one couse per line for (b), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary Occlusion Sudden IMMEDIATE CAUSE (o) .. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove Coronary Thrombosis. Left rise to immediate couse (a), writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial Sclerosis Coronary . forwarded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ä or remaval nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES NO shauld be 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, **EXAMINER:** CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE AT WORK 22a | certify that I took charge of the remains described above, held an Autopsy Inquiry 🔽 Inspection To and in my opinian Natural causes IXX Suicide . death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASS STANT MED CAL EXAMINER the funera DEPUTY MEDICAL EXAMINER X January 31. 1969 **EXAMINER'S** 5 may FO FUNE Health BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or co-GUMBERLAND, MARYLAND NAME (Type) BURIAL, CREMATION _NAME OF CEMETERY OR CREMATORY VR A15ME (5) 10M REV 1/68

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,	1	MARYLANI	D STATE DEPARTMENT OF HE	ALTH					
ı		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00054							
in deoth in erol Land 2 er death.		ECEASED NAME MICHAEL HUMBIRD	LONG	20. DATE OF DEATH Month Day 2 Year 69 A. M.					
within 24 hours after death ely filted in by recognical bon papers Pages Fand within 72 hours after death	3 \$	MALE WHITE	5 DATE OF BIRTH	6 AGE (In years if under YEAR if JINDER 24 HRS last buthday) YRS. HOLRS MIN					
24 hour	(01	WARTLAND U. S. A.	WIDOWED X DIVORCED	COUNTY OF DEATH ALLEGANY					
/ = +	1	CITY OR TOWN OF DEATH CUMBERLAND 11 NAME OF HOSP TAL OR INST give street address MEMO USUAL RESIDENCE (Where deceased lived, if institution, Residence before)	RIAL HOSPITAL Most	OCCUPATION (Kind of wark done of mark nonline even fretired) 12b KIND OF BUSINESS OR INDUSTRY OWN Farm					
complete com	adm	ISSIAN STATE MARYLAND 136 COUNTY ALLEGANY	CUMBERLAND YES NO 6						
be execute no que compare se remove din any eve	14	FATHER S NAME First Middle Last MI CHAEL LONG	SALLIE	M.ddle Lost STICKLEY					
ertificate b physicion (hen please novol, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY No (es. \$70 or Uniknown) (II yes give war air dates of service)		PITAL-CUMBERLAND, MD.					
ot the deoth c the attending ssit permit. T mation, or rem	7.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR COM	APPROXIMATE ATTENDED BETWEEN ONSIT AND DEATH 22 23 24 DETION GIVEN IN PART I(a)					
IAN: The low of or ottendin firote has bee for use os the Health prior?	CAL CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERI 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	YES NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 moy be retained by the hospitol or offending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the burial-tronshould be fled with the State Dept. of Health prior to burial, creating the perior of the prior to burial, creating the perior of the	MEDICAL	P.M. 19	d from 19	(try ar Tawn County State , ta 2 211, 1967, that (1) (we) lost an death accurred an the date and hour and from the					
PITAL OR AI I moy be reto ERAL DIRECT 7, page 3 sh d be filed with		22d PHYSICIAN S NAME (Type) DR. FREDERICK MILTEN	27e ADDRESS	CTOR STAFF 22c DAYE SIGNED NTRE ST. CUMBERLAND MD					
Proge 4	23o.	BURIAL CREMATION, 236 DATE 23c NAME OF CE		23d LOCATION (City at Town) (County) (State)					
VR ASSILLI	24 _J	FUNERAL DIRECTOR Scarpelli, Cumberland,	Md. 250 JEANY	FEBTRAR 969356. REGISTRAR SAIGNAULTONIA					



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00055 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle 20 DATE KNOWNEY Month (Type or Print) iny delay is 2, and 3 to PM3 Page Joseph Michael Malamphu DEATH MATED 1-14-69 14:00 a M 4. RACE 6. AGE (In years IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOJR ZĒ White Male Januaru 14 44 Aug. 24. 1924 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED K U. S. A. Allegany WIDOWED IT DIVORCED F W. Va. IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 120 LSDA, OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Sacred Heart Ridgeley w during most of working ife, even if refired) Cumberland 130 USLA. RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Mineral W. Va. Ridgeley, Knobleu Rd. after 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle John Malamphu Troll M. Anna hours 160. WAS DECEASED EYER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no, or unknown) w. W. #2. Korean 233-34-5494 Mrs. Anna M. Malamphy Knobley Rd. Ridaeleu event within 18 CAUSE OF DEATH (Enter only one couse per , ne for (a), (b), and (c))
PART | DEATH WAS CAUSED BY, permit. 10 Hours RESPIRATORY THERMAL BURNS IMMEDIATE CAUSE (o) ____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (CONFLAGRATION OF DWELLING) 10 Hours rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 19o. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO V YES [210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING CAUSE OF DEATH Trapped in burning dwelling 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Store factory, affice building, etc.) AT WORK AT WORK RIDGELEY, MINERAL, WEST VIRGINIA Home 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection V. Inquiry V. and in my apinian Natural causes Accident X, Suicide . death resulted from. Homicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL arclie MD 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MED CAL EXAMINER XX JANUARY 14, 1969 5 may 10 FUNE Health BENEDICT SKITARELIC. M.D. ADDRESS (Street, cty, town, or couCOIMBERLAND, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE 23d LOCATION (City or Town) (County) (Stote) SS. Peter & Paul Cem. Rumberland, Allegany 1/17/69 Md. 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Maryland VR A15ME (5) 10M REV 1/68



<u>, </u>	1	MARITAND STATE DEPARTMENT OF HEALTH	
7			00056
	L		
deoth.		Type or print) ALFRED Middle BRISON MASON 20. DATE OF DEATH JANUARY Mor23, 196	9 Year 5:50
M the state of the	3. 5	MALE WHITE 6-10-1875 OST BODY YES MORE	JNDER I YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN
n 24 hours	7a (au	BIRTHPLACE (Stole or foreign MARYLAND U. S. A. WHAT COUNTRY? WIDOWED DIVORCED SOLVER MARRIED WIDOWED SOLVER WAS S	Md
within 24 I	10	CLY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (find in hospital durin Response of the serven of testing of the serven o	26. KIND OF BUSINESS OR INDUSTRY Industry
complete	13o odm	DONAL RESIDENCE (Where deceased lived, IT distriction, Residence before 13C CITY OR TOWN 13d IN TOWNS 13e STREET AND NUMBER	BOWLING AVE GREEN
be exe	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle BUCKNER MASON CLARA	WILBURN
ertificate b physician en please iovol, and ii	160	WAS DECEASED EVER IN US ARMED FORCES? (If you give war or dates of service) 16b. SOCIAL SECURITY NO 220-10-8749 MEMORIAL HOS PITAL, CUMBERL	
IDING PHYSICIAN: The law requires that the death of by the hospital or attending physician. After this certificate has been signed by the attending is be detached for use as the burial-transit permit. The State Dept of Health prior to burial, cremation, or rem	MEDICAL CERTIFICATION	Of work Of work	18.) Dunity State
HOSPITAL ge 4 may FUNERAL i rector, pog	230.	22d. DATE 22d. PHYSICIAN S NAME (Type) DR. W. A. VANORMER 22d. PHYSICIAN S NAME (Type) DR. W. A. VANORMER 22d. ADDRESS 22e. ADDRESS	ERLAND MD
2 2 5 TO VR 45M 45M	24	FUNERAL DIRECTOR H. Wayne George Cumberland, Md. Hillcrest Burial Park Cumberland, Alleg FUNERAL DIRECTOR DATE Cumberland, Alleg DATE Cumberland, Alleg FUNERAL DIRECTOR DATE Cumberland, Alleg	

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	l	7/116	0057
HEALTH DEPT.	1 (DECEASED NAME First Middle Lost 2g DATE KNOWN Month D.	
5 0 0 to		Type or Print) Francis Joseph McDade Francis Joseph McDade Francis Joseph McDade	3 1969 M
Any detay is 2, and 3 to PM3. Page	3. 9	EX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
P. B. d.		Male White July 9, 1904 64 yrs 5 24 Jan 8 3.	Year 1969 M
27.8		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED SEVER MARRIED 9. COUNTY OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00058 0005a **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED NAME First Middle 20. DATE KNOWN Month Day 25 HOUR (Type or Print) Mark Allen Mechem Poge 1-21-69192 30am DEATH MATED delay TE LINDER T YEAR 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years OF LANDER 24 HRS 2c DATE PRONOLINCED DEAD 2d HOUR January P.M3 Male White Dec. 3. 1968 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED X 9. COUNTY OF DEATH country) Maryland. U. S. A. Allegany WIDOWED [DIVORCED [7] Give Pages 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPAT ON (Kind all work done 12b KIND OF BUSINESS OR Cumberland. Hospital-DOA 30 USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATEMARULand 133/ COUNTY Allegany Cumberland. 531 Patterson Ave. YES X NO 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Clude Mechem Cornelius Maru poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** Md. 21502 (Yes no or unknown) None. Mr. Clyde D. Mechem. 531 Patterson Ave. Cumb. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY Acute Pulmonary Congestion and Edema Hours IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave Patent Ductus Arteriosus and Foramen Congenit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Ovale stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19c. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 21b TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) HOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy 🕱 Inspection 3: Inquiry 3 and in my apinian Natural couses XX. Accident . Suicide death resulted from. Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X January 21, 1969 5 may FO FUNE Health NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street, city town, COMBERLAND, MARYLAND 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d. LOCATION (City or Town) 235 DATE (County) (Stote) TREMOVAL (Becty) 1/23/69 Hillcrest Burial Park. Cumberland. Allegany Md. 24 FUNERAL DIRECTOR ADDRESS H. Wayne George Cumberland, Maryland VR A15ME (5)



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MAKTLAND STATE DEPARTMENT OF HEALTH

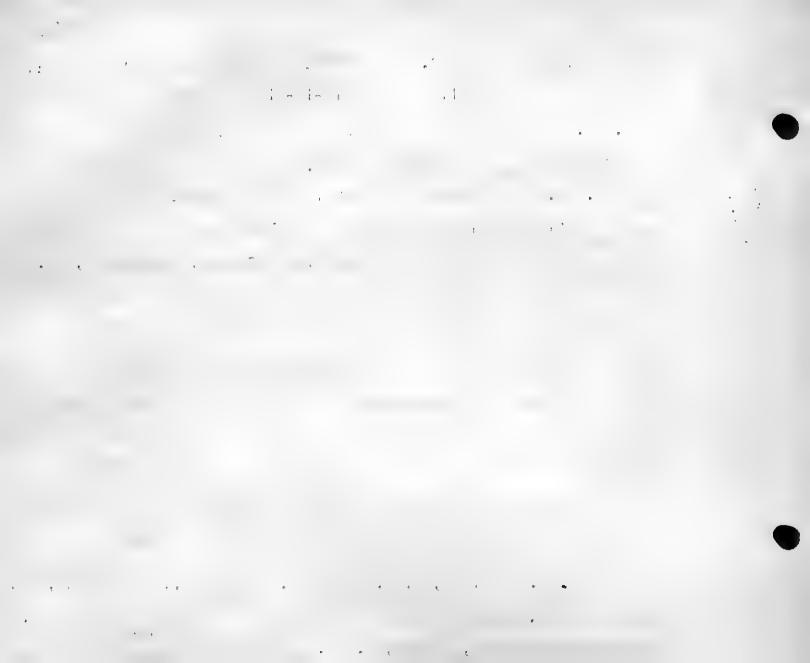


	Item 5 FilmDivision OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1/29/49 11w0 0 0 0 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0060
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MARYLAND STATE DEPARTMENT OF HEALTH



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OR be reported by the police of the police o		22b SIGNATURE 22d. PHYSICIAN S	F. Thulis	PHYS 22e ADDRESS	MED STAFF CORECTOR PHYS CO	L 20-69
O HOSPITAL OF Poge 4 moy be O FUNERAL DIR director, poge should be filed	226	NAME (Type) W. F	WILLIAMS, M.	D. 122 S. (BERLAND, AD.
TO H Pogo TO FL dire sho		BURIAL (REMATION, REMOVAL (Specify) Burial FUNERAL DIRECTOR		CEMETERY OR CREMATORY rels		(County) (Stote) oshire W, Va.
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Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the	230	BURIAL CREMATION. 23b. D		CEMETERY OR CREMATORY		CATION (City or Town)	(County) (Stote)
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1	22d #HYSICIAN S NAME (Type)	DR. S.G.WI		22e. ADDRE 59		STREET, CL		D,MD.
	o. BUR AL, CREMAT ON, REMOVAL (Specify) Burial	23b DATE Jan. 14.	1969 Philo	CEMETERY OR CREMATORY S Cemetery	Ves	LOCATION (City of Town)	Alleg., Md	(State)
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O HOSPITAL OR ATTENDING PHYSIC Poge 4 may be retained by the hospital of Funeral DIRECTOR: After this certain director, poge 3 should be deforhed should be filed with the State Dept of	H	21d M.URY OCCURRED 21e White Not while at work	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BURDING, ETC	CTORY,) 21f 100	ATION Speed or REA	No City	or Town Coll	Sounty State
by 1 by 1 Wifter be o		22a. I certify that (I) (th	is hospital) of	tended the deceas	ed from 4	2/15,19		1/1/29,19	, that (I) (we) last
TENI ined DR: /		saw the deceased a	ive on e,(I) (میس) (did	(did set) yiew the	body ofter d	eoth.	apinion death.	occarred on the ga	te and hour and fram the
ECT BAT	lĀ	726 SIGNATURE	111			ATTENDING &	MED	STAFF 22c	DATE SIGNED
DIR Ge 3		1811111	llren	-2-2	DEGRE	E PHYS.	DIRECTOR	PHYS 🗆	1/2-/69
SPITAL 4 may VERAL For, po		OHME (Type) DR.	R. J.	WILLIAMS		22e ADDRESS 122 S.			BERLAND, MO.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be refained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, poge 3 should be detached for use as the should be filed with the State Dept of Heolth prior to	1		.4,1968	Hillc:	cemetery or c rest Bi	urial Park	Cumb		(County) (Stote) egany, Md.
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,				DIVISION OF M		U STATE DEPARTM				
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4 -24			CEASED NAME First		Middle	East	2a	DATE OF DEATH		2b HOUR p
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fun fun fer d		3. SE		4 RACE		5 DATE OF BI		6 AGE (In years	IF UNDER I YEAR	F JHOER 24 HRS
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ely I			CUMBERLAND	95AC1	RED" HEART	HOSPITAL	dr/HD*US*EL	Moles Ed Leven of Legicon)	INDUSTRY	
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com cowe	1	agen	SSION) STATE MARYLAND	136 COUNTY A	LLEGANY	WESTERNPORT	YES NO	115 GREENE	STREET	
erificate be executed within 2 physician and completely filler then please remove corbon paroval, and in any event, within	2	14 F	ATHER'S NAME First CO	M ddle NNOR	Last SH ILL INGE	IS. MOTHER'S MA		Middle	INGBURG	Last
icate be sician considerate please Il, ona it		16q.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16	b. SOCIAL SECURITY N			Address	900 SET	ON DRIVE
2 2 4		У	es, na, ar unknown) (11 yes grve wai		234 03 26	68 SACRED H	EART HOSE		CUMBERL/	AND, MD.
			18 CAUSE OF DEATH (Enter only	ane cause per ne f	or (a), (b), and (c)	_	A C		APPROXIII BETWEEN D	MATE INTERVAL NSET AND DEATH
ortenerri permit.			PART I DEATH WAS CAUSED IMMEDIAT	E CAUSE (a)	urna	y ortery	diseas		32	200
on on period			4/00	DUE TO, OR AS A	CONSEQUENCE OF				0	
the the mati			Canditians, if any, which gave) rise to immediate cause (a),	(b) CC	nerels	ed orten	rollen	2	25	Rees
equires that the physicion. Signed by the burial tronsit in burial, crematifications.			stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	U				
ysic ysic med rial			last.	(c)						
		22	PART 2 OTHER SIGNIFICANT CONE	ITIONS CONTRIBUTING	S TO DEATH BUT NO	T RELATED TO THE TERMINAL	L DISEASE OR CONDIT	ION GIVEN IN PART 1(a)		
AN: The low re of or ottending icate hos been far use os the Health prior tat	./	CERTIFICATION	19a. DATE OF OPERATION 19b Co	ONDITION FOR WHICH	OPERATION WAS PER	FORMED 20g. AUTO	PSY?	206 IF YES, WERE FINDINGS	CONSIDERED IN CE	RTIFYING
The otter hos se os the principle.	X	XTIFI(YES	NO 🗌	CAUSES OF DEATH?		
nor age are all are al			210. ACCIDENT WAS UNDERLYING			21c HOW INJURY OCC	URRED (Enter natur	e af injury in Part 1 ar Part 2	, Item 18.)	
TCL Pito pito di fa		WEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M.	Manth Day Year 19					
DING PHYSICIAN: The by the hospital or of Affer this certificate he be detoched for use Stote Dept. of Health		2	21d IN. JRY OCCURRED 21e, P	LACE OF INJURY (AT I	HOME, EARM. STREET, FAC ICE BUILDING. ETC	ORY,) 21f LOCATION Stree	t ar R.F.D. Na.	City or Town	Caunty	State
the det			at work at work							
by free be Stot			220. I certify that (I) (this saw the deceased ali	haspital) attend	ed the decease	d from /2-6-	1968	10_/_2,1	9 <u>69</u> , that	(I) (we) last
ATTENDING etained by the CTOR: After the should be definith the Stote			saw the deceased all causes stated above,	ve on	t not) view the	ondy after death	y) (our) opinion	deoth accurred on the c	late ohd hour	and from the
Sho Stair			22b SIGNATURE	(1) (VO) Valla) (all	31101) 1101	and death	<u>-</u>	220	DATE SIGNED	
OR ATTENI be retained DIRECTOR: A ge 3 should			Lemi	Kein	es 11/2	DEGREE PHYS.	G P MED DIRECTO	STAFF [77]	1-3-	60
AL Doy by			22d PHYSICIAN S		· · · · ·	22e ADD	RESS			7
SPIT 4 m 1ER/ or, I			NAME (Type) DR.	LEWIS BRI	NGS	57	GREENE ST	MBERLAND	, MD. 2	1502
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched far us should be filed with the State Dept. of Healt		23a B u :	BUR AL, CREMATION 23b. D/	6/69	23c NAME OF Phill	EMETERY OR CREMATORY	23d.	vesternport,	(Caunt Md	(State)
,		24	FUNERAL DIRECTOR	30al_	ADDRESS		ZSo REC D BY REGI	STRAR 25b REGISTRAR	S_S GNATURE	
VR A15 (4 45M - 1/2			BOAL'S FUNERAL	HIT- SMOH	CHURCH S	TREET	MAN 10	1969 Killian	les Judge	e.
	M			-WEST	FRNPORT	71462				

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0068
HEALTH DEPT.	MEDICAL LAMBIACK & CERTIFICATE OF DEATH	
	(Type or Print) CHAPTEC II GIERIC OF ESTI TAN 200	
d 3 to Page Page	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years I if Linder 1 Year II Junder 24 MRS 2c DATE PRONOUNCED DEAD	
- TO	TOTAL	Lot Hone
any de 1, 2, and 1, 2, and Department	7u BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 69 A M
	COUNTRY MARYLAND U.S.A. WIDOWED DIVORCED ALLEGANY	
Sees I for		KIND OF BUSINESS OR
after death.	CUMBERIAND 9100 000 SACRED HEART HOSPITAL during are rectived of retired CE	LANESE CORP.
after 18. Give elong	130 SUAL RES DENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 13d MSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	odmission) STATMARYLAND 13b. COUNTY ALLEGANY FROSTBURG YES NOX ROUTE 1	
24 hours in Item 1 rs Office ss 1 of 22	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 in lin lin lin lin lin lin lin lin lin		PRELL
within 24 on pencil in Examiner's Examiner's File pages 172 haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS INC. 1. FROSTBURG. MD.	
with year and year an	(1 yes give war of dates of service) 214-07-4685 [ELLIE OWENS, RT. 1, FROSTBURG, MD.	
	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" if Medical permit not within	IMMEDIATE CAUSE (o) CAPCITIONIA LOSIS, Generalized	Months
be executed "pending" in nief Medical Bansit permit I event within	Conditions, if any, which gove) Due TO, OR AS A CONSEQUENCE OF Carcinoma of Liver	97
	rise to immediate couse (o), (b)	
shauld ie ward a the Ch burial-tra in any	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
S o o	(c)	
This certificate shauld cate, writing the ward be forwarded to the Cl be used as a burial-tri remaval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rs certifii te, writin forward forward e used a remaval,	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of niury in Port 1 or Port 2, Item 1	YES NO
ER: This certificate, auld be for size and be for size.	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1	
nER: T certific hauld b iles. shauld shauld	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e P. ACF OF IN	
AMINER: the cert 4 shaulc vur files. ge 3 shau emation,	- The state of the	ounty Stote
CAL EXAMINER: execute the cert or. Page 4 should files. JOR: Page 3 shau ourial, cremation.	WHILE NOT WHILE foctory, office building, etc.)	
Page of y	220. I certify that I took charge of the remoins described above, held an Autopsy , Inspection X, Inquiry X.	ond in my opinian
CAI ex ex cd for CTO	death resulted from. Notural couses & Accident , Suicide , Hamicide Undetermined manner	one in my opinion
please of director retained to but to but	CHIEF MEDICAL EXAMINER	
	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL EVANUAGE 72% DATE SIGN	IED
PUTY Ssary, uneral y be y be NERAL	SIGNATURE STANDARD DEPUTY MEDICAL EXAMINER Jan. 31,	1969
	NAME (Type) RENEDICT SKITARELIC, M. D. ADDRESS(Street, city town, or county) RD 9, CUMB	ERLAND, MD.
TO D nece the 5 m Mea	230 BUR.AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Col.	unity) (Stote)
0	BURIAL (Specify) 2-3-69 FBG. MEMORIAL PARK FROSTBURG, MD.	
CJ.	24. FUNERA, DIRECTOR ADDRESS	ATURE .
VR A15ME (5) >> 10M REV 1,68	J. R. DURST, FROSTBURG, MD. 21532	1. 3



					TE DEPARTMENT				· ·
		00069	DIVISION OF VITA	AL RECORDS, 301 V			RYLAND 21201	00069	
		00003		CERTI	FICATE OF DE	ATH			
# ¹ 24		CEASED-NAME First		Middle	Last	2o. DATE O	F DEATH Month & Day		HOUR
dea anc dea	,,	Ype or print) CHARLES	FI	RANKLIN	PAINTER		MONTH Day		:15₽
iter e fu es 1 fter	3. Si	X IALE	4. RACE WHITE		5. DATE OF BIRTH 3-7-99		6. AGE (In years (6:50)erthday)	HONTHS DAYS HOURS	R 24 HRS.
rs o							YRS.		
d in by	cour	BIRTHPLACE (State or foreign W). VA.	76. CITIZEN OF WHAT CO USA	MIDO.	RIED NEVER MARRIED WED DIVORCED		ANY		Md
within 2 sile on pa	10 C	ITY OR TOWN OF DEATH JMBERLAND,	11 NAME O	HOSPITAL OR INSTITUTION (1808s) HEART HO	SPITAL	120 USUAL OCCUPATION TOTE TOOM	g life, eyen if retired)	12b. KIND OF BUSINES INDUSTRY Kelly Ti	S OR
cuted v	13o odm	USLA. RESIDENCE (Where decease ISSINUA BOYLE AND	13bAchilNEGAN	esidence before [3c, C]			TREE AND NUMBER.		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. be retained by the haspital ar attending physician. NRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e.3 shauld be detached for use as the bunal-transit permit. Then please remave carbon papers. Tages 1 and 2 ed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hours after death.	14 1	ATHER'S NAME First BARNEY	Middle PA	AINTER	IS. MOTHER'S MAIDEN	NE First	Middle A	Longerbe	an
ficute ysician please al, and	160	WAS DECEASED EVER IN U.S. ARM Ono, or unknown) (If yes give wi	ED FORCES? pr or diates of service)	SOCIAL SECURITY NO 9	MUSP GLACIA	S M. Patrito	AND 122 Pol	k St. Cumb	MA
renti pha phannov	F	18 CAUSE OF DEATH (Enter on	y and cause per line for	(a) (b) and (c))			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	APPROXIMATE INTE	RVAL
iding r. re-		18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	BY:	meumor	1			BETWEEN ONSET AND	
dec iffen n, o		4XGX	TE CAUSE (a) DUE TO, OR AS A					3 day	
the chip ation		Conditions, if any, which gove)	(b)	STIGEROLITEE OF					
that m. sy f ans rem		rise to immediate cause (a), (stoting the underlying couse)	DUE TO, OR AS A C	ONSEQUENCE OF					
res sicio ed l ol-tr		last.	(c)						
phy phy sign buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DIS	EASE OR CONDITION GIV	EN IN PART 1(a)		
ing sen sen rta	8	pril	monor	y lung	hypomie				
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r at r at l r at		210. ACCIDENT WAS UNDERLYIN	C lost title or built	ny [o	YES 🗆	NO K			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar aftending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Mo	nth Day Year	Ic. HOW INJURY OCCURRE	ED (Enter nature of inj	ury in Port 1 or Port 2, 1	Item 18.J	
Sprit certification to of	MEDICAL	(If either, natify medical examination INJURY OCCURRED 21e.	P.M. PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTORY,) 2	If LOCATION Street or	R F D No Cut	y or Town	County	Stote
PH) he has this efact Dep		While Not while I	OFFICE	BUHLDING, ETC.			,		
NG Fer the de		22a. I certify that (1) (thi	s haspital) attepde	d the deceased from	1-4-	_, 1960, to _	/-/, 19.	69, that (1) (1	we) last
NON Sed by Sed by Ted by		saw the deceased a	ive on	<u>v — 1969</u>	ond that in (my) (c	our) opihian death	occurred on the da	te and havr and fr	rom the
TOR Tain the		couses stated above	, (I) (we) (did) (did	not) view the bady a	ter death.		220	DATE SIGNED	
REC 3 s d wij		220. SIGNATURE	Bring	7	DEGREE PHYS.	DIRECTOR C	STAFF D	1-8-69	
AL O		22d. PHYSICIAN'S			22e. ADDRESS			/	
PIT, me		NAME (Fype) DR.	L. BRINGS		57 Gr	eene St. Ci	umberland,	Md.	
TO HOSPITAL Page 4 may TO FUNERAL director, page	230	BURIA., CREMATION, 236 [DATE	23c. NAME OF CEMETER			ION (City or Town)	(County) (Stat	
5 5 5 2 4 V			7/69		rial Cemeto			0003	d.
30M RE 18	24	FUNERAL DIRECTOR GEORGES H. Wayne	e George Cu	mberland, h	d. 2So	HAN 10 19	69 PEGISTRAR'S	SIGNATURE CON YOURS	

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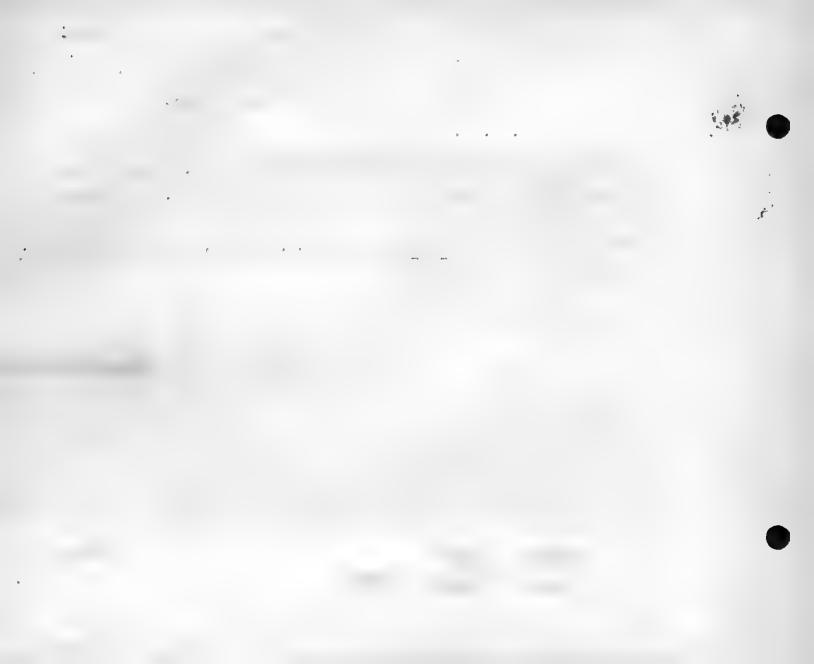
u 1 A ** ... *

	MARYLAND STATE DEPARTMENT OF HEALTH							
1	Item 13e Film G DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201							
	1		em#13e,FilmGL29 2/	CERTIFICATE OF DE	ATH	00074		
€ = 1 2 €		CEASED-NAME First ype or print)	M.ddle	Last	20. DATE OF DEATH Month	2b HOUR		
s after death. The funeral tages I and 2 staffer death.	L'	John John	Frederick	Perdew	January	22 1969 M		
Ter Ter	3 \$1	X	4. RACE	S DATE OF BIRTH	6 AGE (In	yeors IF UNDER YEAR IF UNDER 24 HRS. DV) MONTHS DAYS HOURS MIN.		
s afte fages		Male	White	Dec.		YRS.		
within 24 haurs after death lety fred proy the funeral bar poores Pages 1 and 2 what containeds after death	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED				
2 (34)		Maryland	USA	WIDOWED DIVORCED		Md		
E CE	10 (ITY OR TOWN OF DEATH	give street oddress)	ISTITUTION (If not in hospital	12a USUAL OCCUPAT On (Kind of wo	rk done 12b KIND OF BUSINESS OR retired) INDUSTRY		
w Park	_	Lonaconing	give street oddress) Kyle Nursi	ng Home	during most of working I fe, even if Meat Culter	I A A A A A		
page 8	odm	usual RESIDENCE (Where deceos ssion) STATE Maryland	ed fived, if institution: Residence before 13b. COUNTY Allegans	Cumberland YE	INSIDE CITY LIM TS? 138 STREET AND NU	MBER 12 Columbia St.		
2 E	14	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDE	N NAME First	Middle Last		
o n o	L	John	M Perde		Nellie	Cessna		
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and certificate director, page 3 should be detached far use as the burial-transit permit. Then please remave set should be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event	16a.	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	NED FORCES? Six or dates of service) 16b. SOCIAL SECURITY 214-05-			ddress		
cert g pl		18. CAUSE OF DEATH (Enter on				APPROX MATE INTERVAL BETWEEN ONSET AND DEATH		
ath at a din		PART I. DEATH WAS CAUSE!	ly one couse per line for (o), (b), and (c) BY- NTE CAUSE (a)	ie Pulmon	an Hemont	419		
attermerm, on, o		5//X	DUE TO, OR AS A CONSEQUENCE OF		10,			
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requi		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT I		SEASE OR CONDITION GIVEN IN PART 1(0)		
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The law requires th attending physician has been signed by ise as the burial-trailth priar ta burial, cre	CERTIFICATION			YES [NO CAUSES OF DEATH?			
AN: If ar If ar cate ar u deal		210. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		21c. HOW INJURY OCCURR	RED (Enter nature of injury in Port 1	or Part 2, Item 18.)		
Ptd Ptd	MEDICAL	(If either, natify medical exomi	ner) P.M.	19				
iting PHYSICIAN: by the haspital ar fler this certificate be detached far u State Dept. af Heal	*	21d INJURY OCCURRED While Not while at work at wark	PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street or	R.F.D. No City or Town	County State		
at the Determinant	П	at work at wark	: t 2 - () - ii - t - 1 - 1 - 1 - 1 1 1		10 64 10 90.	2 10 (a 9 + bot //\ /) -at		
Affe Affe Src	H	sow the deceased o	live on	19 64, and that in (my) (our) opinion death occurred o	2. 2, 19 <u>69</u> , that (I) (we) lost n the date and hour and from the		
TEN guld auld the	L	couses stated above	e, (I) (we) (did) (did not) view the	body ofter deoth.				
OR ATTENION DE RETGINED DIRECTOR: A pp. 3 should led with the	L	22b. SIGNATURE		ATTENDING	MED STAFF DIRECTOR D PHYS D	22c DATE SIGNED		
P P P P P P P P P P P P P P P P P P P	1	770	rvuly A	DEGREE PHYS	11119	1124.69		
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	L	22d. PHYSICIAN'S NAME (Type) LER	. MILES, YR.	M.D. 22e. ADDRESS	ONACONING	MD		
HO FUN Foul	230	BURIAL, CREMATION, 23b		CEMETERY OR CREMATORY	23d. LOCATION (City or To			
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		REMOVAL (Specify) BUT 12		ill Cemetery	c umberland	Alleg Md.		
VR A15 (V)	24.	John J. Hater	ADDRES	Md. 250		GISTRAR'S SIGNATURE		
SOM KEY 1386	L	opin o. nater,	Jr., 230 Palto A	ve. Cumberlando	WE 1909 1	Judge.		



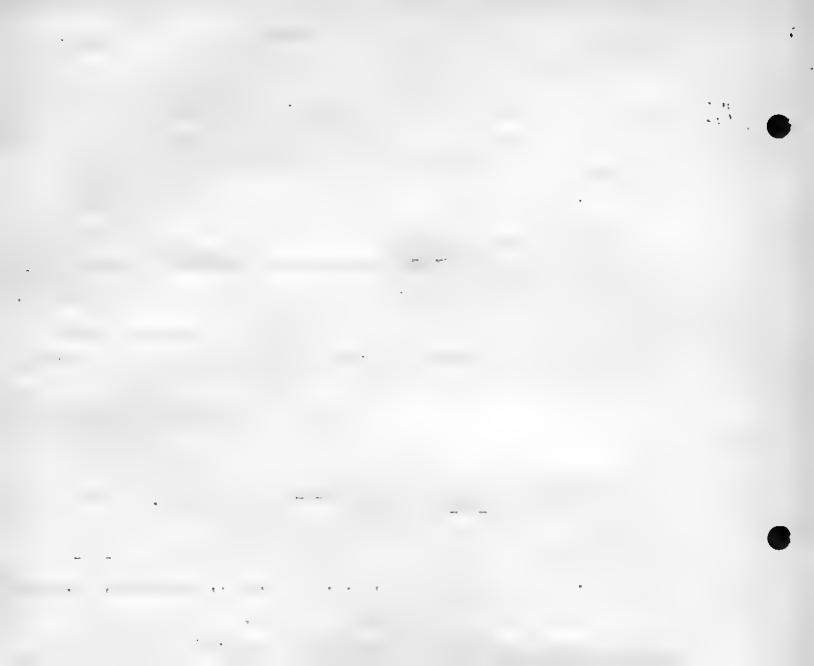
	0	0071	DIVISION OF VITAL RECOR		RESTON STREET.		ARYLAND 21201		
1	140	and Film Hog 2/			ATE OF DEA			66871	
£ _~£		ECEASED-NAME First	Middle		lost	20. DATE	OF DEATH@ 3:	10 P.M.	2b. HOUR
deat and deat	(ype or print) John	n Gilbert	P:	faff	Jan	uary 2	5, 1969	P.M.M
after death	3. SI	X Male	4 RACE White		5. DATE OF BIRTH 7/16/18	Roo	6. AGE (In years	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Pours Commission	70 1	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8				RS.	
e Final	COU	Maryland	U. S. A.	WIDOWED	NEVER MARRIED DIVORCED		egany Co	untv	N.A
2 Page 1	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O	R INSTITUTION (If n	at in haspital 12a	USUAL OCCUPATE	ON (Kind of work do	ne 125 KIND OF B	USINESS OR
E STATE OF THE STA		Cumberland	Allegany do t	inty In	firmary	ing most of worki	ng life, even if retire Ct. Nurs	d.) INDUSTRY HOSP	ital
cample give cary	13a odm	USUAL RES DENCE (Where deceos	sed (ved, if institution: Residence be	fore 13c, CITY OR	town 13d insid	€ CITY ±1M175? 13e	STREET AND NUMBER		t
be execution and came remaye	14,	FATHER'S NAME First Gilber		f		ara	Middle	Saurba	
requires that the death certificate be exetuge physician. I signed by the attending physician and carbon by the attending physician and carbon blease remayer burial-transit permit. Then please remayer burial, crematian, ar remayal, and in any experience.	16e	WAS DECEASED EVER IN U.S. ARA	MED FORCES? wor or dates of service) 400-12	-0716A1	Mallegan	Box 599 y Count	y Infirm	umberlan lary rec	d Md.
ng p The		18 CAUSE OF DEATH (Enter an	ily and couse per one for (a), (b) an	d (c))	· 4.				ATE INTERVAL SET AND GEATH
endii arra		PART 1. DEATH WAS CAUSED IMMEDIA	D BY: ATE CAUSE (o)	MANDRE	Ma			7 ches	yer:
he d e att per tian,		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUENC	OF 194	10 = 11	But.	t en e	cen 1	1121.
y they y they smsit		rise to immed ate cause (o).	(b) CHO DUE TO, OR AS A CONSEQUENCE	C/12/11	10 - 1191	MANAGA		Marie 7	11110
es ##		stating the underlying couse	(c)	Unterio;	Elirones	/		Mary	1112
quiri phys signe buric		PART 2. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH B	JY NOT, RELATED TO	O THE TERMINAL DISEAS	SE OR CONDITION G	IVEN IN PART 1(a)	Willes	Butus
w redding een the line	害	Cerapial the	CHILDRES WHILL	NERIANI	right & gfl	1410 10/E	be Cornair	40ellus	10ce 167
the law in attending that been is as the hariar ta	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION Y	AS PERFORMED	200 AUTOPSY?	CAU	IF YES, WERE FINDÍN ISE S OF D EATH?	GS CONSIDERED IN CE	ETIFYING
te ba of the V	CERT I	210 ACCIDENT WAS UNDERLYIN	NG 215 TIME OF INJURY	716 8	OW INJURY OCCURRED	NO D CHO	nunc in Part 1 or Par	1 2 item 18)	
VSICIAN: aspita ar certificate hed for u	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. Month Doy		ON MORE OCCURED	(care margin as a	night with the second of the second	2, 11011. 10.	
bing PHYSICIAN: The law reby the haspita ar attending lifer this certificate has been be detached for use as the State Dept. af Health priar ta	WED	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETC	ET, FACTORY,) 21 f. LO	OCATION Street or R.F.	.D. No. (ity ar Tawn	County	State
DING d by th After t be dd		22a. I certify that (1) (th	is haspital) attended the decilive on 1/25	eased_from_E	1/14/	19.67 , to	/25/	19.69 , that	(I) (we) lost
= = = = = = =		sow the deceased o	e, (I) (we) (did) (did not) view	19 <u>69</u> , an the body after	d thot'in (my) (au: death	r) apinion deat	h accurred an the	date and haur o	nd from the
OR ATTENIOR be retained JIRECTOR: #	ı	22b SIGNATURE	2	THE DOLY OHOL				22c. DATE SIGNED	
OR De red w	ш	Valid.	all semer	DEGI	() . 15		STAFF PHYS,	1.28-6	29
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22d PHYS CIAN'S NAME (Type)	bor A Honne	R HE	22e ADDRESS Memor	ial Hos	pital,C	mberlan	d,Md.
OSP ONE ONE	23g	04//	DATE 23c NAM	OF CEMETERY OR			AT ON (City or Town)	(Caunty)	(State)
P P P P P P P P P P P P P P P P P P P	13	REMOVAL (Specify)	N 27 1060 FRO	STBURG	MEM. PAR			LEGANY.	.D.
VR A15 (4)	24	FUNERAL DIRECTOR 11 GC	TAS, TAF IR-SC	RESS FU	IN RAL 250 R	EC'D BY REGISTRAN		AR'S SIGNATURE	40. :

MAKILAND STATE DEPAKTMENT OF HEALTH



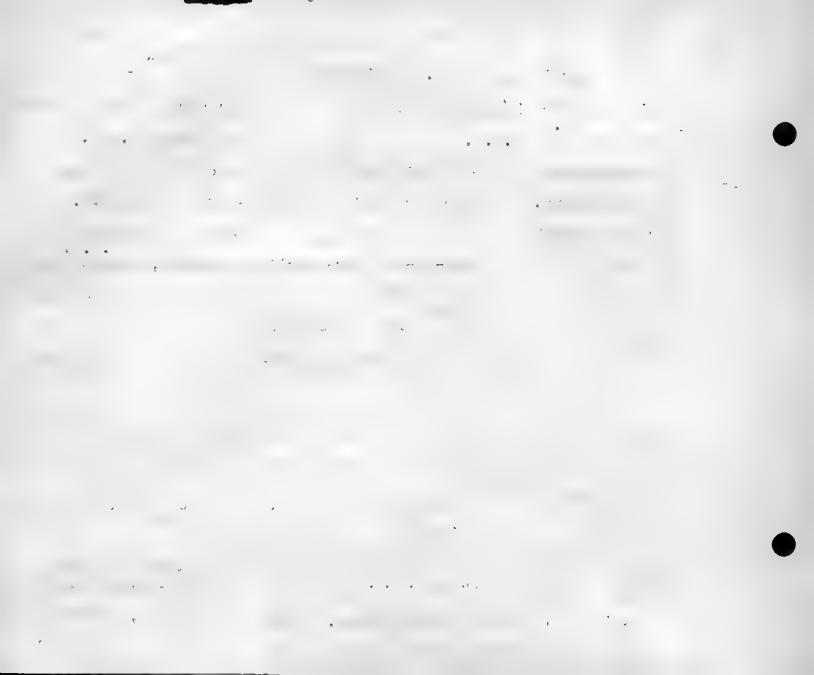
29072		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARTLAND 21201	
1 DECEASED NAME First		Last	20. DATE OF DEATH	0 6 7 2 2b HOUR
(Type or print) Bess		Potts	Jan Month 28 Day	69 Year 720PM
3. SEX	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
Female	White	Jan 4, 1893	6. AGE (In years last birthday) 7 YRS.	MONTHS DAYS HOURS MIN
70 BIRTHPLACE (State or foreign country) MARYIAND	7b. CITIZEN OF WHAT COUNTRY?	TO MICH THE PER PROPERTY OF THE PERSON OF TH	9. COUNTY OF DEATH	
	America	WIDOWED N DIVORCED	Allegany	Md.
10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a USUA	L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
Cumberland	Sed lived, if institution Residence before	Nursing Center Ho	st of working life, even if retired) DUSEWIFE	
admission) STATE Md.	13b COUNTY Allegany	Cumberland YES NO		
14. FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME FI	TO Menel D	
Price	Shipley			Lost
160. WAS DECEASED EVER IN U.S. ARI Yes, no popunknown) (thyse give v	MED FORCES? 166 SOC AL SECURITY N	IO 17 INFORMANT	Adams	cher
Yes, not be unknown) (If yes give to	war ar dates of service] 215-34-448	Rhea Smith	LL Frost Ave	berland Md
18. CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CALISE	D BY: ATE CAUSE (o) Cerebr	al Vascular Acci	dent	24 hrs.
4124	DUE TO, OR AS A CONSEQUENCE OF			
Canditions, if any, which gave rise to immediate cause (a),	\-/	Stroke Syndrome)	years
stoting the underlying couse.	DUE TO, OR AS A CONSEQUENCE OF	olomokia dumli		
PART 3 OTHER SIGNIFICANT CO.	(c) Arterios	clerotic Cardiov	ascular Disea	se years
PART Z OTHER SIGNIFICANT COL	NONE NOTIONS CONTRIBUTING TO DEATH BUT NO	DEREGATED TO THE TERMINAL DISEASE ORCO	INDITION GIVEN IN PART 1(a)	
19g. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	REORMED 200, AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 19b.		YES NO 🔀	CAUSES OF DEATH?	
			nature of injury in Part 1 ar Port 2,	Item 18.)
OR CONTR BUTING CAUSE OF DEAT	ner) P.M. 19			
	PLACE OF INJURY (AT HOME FARM STREET, FAC	TORY.) 21f. LOCATION Street or RFD No.	C'ty or Town	County State
While Not while at work		1,000		
22a I certify that (I) (th	is haspital) attended the decease	ad fram	, to	69, that (I) (368) lost
causes stated above	e, (1) (we) (did) (did nat) view the l	oody after death.	non death accorred on the do	te and nour ond trom the
22b. SIGNATURE	1		1 221	DATE SIGNED
//// 11		DEGREE PHYS DI	RECTOR PHYS	1-29-69
22d. PHTSICIAN'S NAME (Type) G - ON O	rton Himmelumia	DEGREE PHYS DI 22e. ADDRESS nt, M.D.133 Va.A	200 Chambana	3 163 00 5 07
	r gott tifmitte TMT.TRI	10, M.4.133 Va.A	veum berland	1, Ma. 2150<
23a BURIAL, CREMATION, 23b.	DATE 23c. NAME OF (TEMETERY OR CREMATORY TEW CHRISTIAN CEMET	23d LOCATION (City or Town)	(County) (State)
24. FUNERAL DIRECTOR	ADDRESS	2Sq. REC D. BY		OFORD PENNSYLVA
	+ 404 DECATUR ST			

MAKILANU SIAIE DEPAKIMENI OF MEALIN



7:1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	30073
HEALTH DEPT.	1 D		Day Year 2b HOJR
	(Type or Print)	
ay i 3 t Pog nt o	3 5		2d HOUR
delay and 3 A3. Paç tment		lest birthdey) MONTHS DAYS HOURS Min Month Days	V.
any delay is 2, and 3 ta 1 PM3. Page eportment of	7o	BIRTHPLACE (Stole or forgo, 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7 1712 DOP M
B 4 %			Md. Md.
death any delay is pages 1, 2, and 3 ta with form PM3. Page with form PM3. Page fees state Department of	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITA. OR INSTITUTION (If not in hospite) 12a USUAL OCCUPATION (Kind of work done 12	Md. Md. 25 KIND OF BUSINESS OR
- 5 a (¾ Ne) ∧ 1		Gumbertand Sacred Heart Hospital Home	NDUSTRY HEIMO
Give da		USUAL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	1145110
s after 18. Gi	01	dmission) STATE Penna 136. COUNTY Somerset Rural YES NO 50 Grantsville, I	R.D. T
thin 24 haurs at acid in Item 18. min="s Office at acid acid acid acid acid acid acid acid	14 F	ATHER'S NAME First Middle Last 15, MOTHER'S MAIDEN NAME First Middle	Last
24 h		John Briskey Clara Shuma	aker
hin 24 mil in ninm's ninm's pages	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS D	.D. 1
within 24 percil in camina"'s ile pages 72 Laurs	(1	es, no, or unknown) (If yes give wor or dotes of service) 206-40-8395 Mrs Lucille Wisseman, Gran	ntsville
shauld be executed wife ward "pending" in pe a the Clitef Medical Exar ourial-transit permit. File in any event within 72		18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c))	APPROXIMATE MIERVAL BETWEEN ONSET AND DEATH
be execut "pending" lief Medico ansit permi		PART I DEATH WAS CAUSED BY SHOCK,	XM 12 Hours
end end if p		532 DUE TO, OR AS A CONSEQUENCE OF	
d 'p		Cand thans, fany, which gave rise to immediate couse (o). (b) CHEMICAL PERITONITIS	12 Hours
shauld be e ne ward "per ta the Cilief ! burial-transit t in any even		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	10
sh y he v h		(c) PERFORATED DUODENAL ULCERX	12 Hours
TY DICAL EXAMINER: This certificate should be executed within 24 hours after death y, please execute the certificate, writing the ward "pending" in pelloil in Item 18. Give Pagiral director. Page 4 should be farwilled to the Clief Medical Examinis Office along with se retained for your files. **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Staprior to burial, cremation, or remayol, and in any event within 72 lillurs after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rriffi mrd o wol.	NO	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s ce e, w farv emo	CERTIFICATION	WAS PERFORMED?	YEXIX NO
MINER: This certificate, writh the certificate, writh 4 should be farwer rights. e 3 should be used matian, or removo	CERT	21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Post 1 or Port 2, Item	
certifical could ould es. should ion,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
(AM) e + + raur age		WHILE NOT WHILE TOTAL Factory, office building, etc.)	
DEPUTY DICAL EXAMINER: session, please execute the cert in funeral director. Page 4 should may be refa and far your files. FUNERAL DIRECTOR: Page 3 should brior to burial, cremation.		220 I certify that I took charge of the remains described above, held on Autopsy X7, Inspection XX Inquiry XX	ond in my opinion
CTO Buri		death resulted from: Natural couses 🗶, Accident 🗌, Suicide 🗍, Hamicide 🔲, Undetermined manner	, ,
please e) directar.		CHIEF MEDICAL EXAMINER	
AL Parior		SIGNATURE DELECTION SECTION ASS STANT MEDICAL EXAMINER 226, DATE SE	
		EXAMINER'S DEPUTY MEDICAL EXAMINER X; January 22	
TO DEPUTY necessary, the functo may be for Funera Health pr		NAME (Type) BENEDICT SKITARELIC, M.D. ADDRESS(Street city, town, or coOUMBERLAND, M.D.	1ARY LAND
2 = = 2 =	230	PATK	County) (State)
		Burial 1/25/1969 Somerset Co. Memorial Somerset, Se	
VR A15ME (5)	29	0 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	an Condala :
10M REV 1/68		Stanley m Thomas Salisbury ta DAWAN 24 1969 greater	0 1

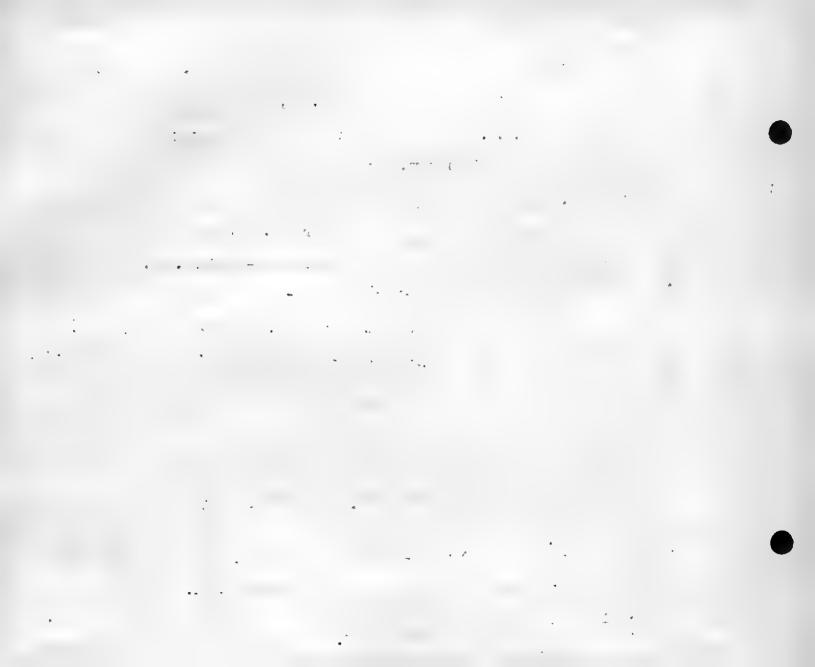
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1		0007.	MARYL DIVISION OF VITAL RECOR	DS, 301 W.	E DEPARTMENT OF PRESTON STREET, BALLICATE OF DEATH	TIMORE, MARYLAND 21	1201 J9674
eath. eral and 2 eath.			Middle Sar ah	Rober	tson Last	Jan. Manth	25 HOUR 2b HOUR
the fun ages 1 c			4. RACE White		S. DATE OF BIRTH Dec. 22, 1	6 AGE (In ye	EGIS IF UNDER YEAR IF UNDER 24 HRS.
4 hours	7a caul	IRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIE WIDOWE	D NEVER MARRIED DO DIVORCED	9. COUNTY OF DEATH Allegany	Md
within 2	DECEASED NAME (Type or print) Helena Sa	11 NAME OF HOSPITAL O give street address)	·	f not in haspital 12a. US during i	UAL OCCUPATION (Kind of war mast of working life, even if r	k dane 12b KIND OF BUSINESS OR INDUSTRY	
ompi www.cort	13e odm					EMMITS? 138 STREET AND NUM	ABER
be exe and c e remo	14 1			st	15. MOTHER'S MAIDEN NAME Sara		hiddle Last Morr is
trficate hysiciar n pleas val, anc	lóa. Y	WAS DECEASED EVER IN U.S. ARM		ITY NO. 17	INFORMANT Althea Lashb	augh-Barton,	ddress Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campitally filled in by the funeral e 3 should be detached far use as the burial-transit permit. Then please remays carbap pares. Pages 1 and 2 ed with the State Dept. of Health prior ta burial, cremation, ar remayal, and in any event, within 72 hours after death.		PART 1 DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave rise to immediate cause (a). (stating the underlying cause)	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE	of colyed	ong or cal	erosio	APPROVIMATE INTERVAL BETWEEN ONSEE AND DEATH 20 years
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. of Health prior ta burial, crei		19a. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WA	AS PERFORMED	20g AUTOPSY? YES NO. P	20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: he hospital ar this certificate Jetached far u e Dept. of Heal		or contributing cause of Death (If either, natify medical examin 21d INJURY OCCURRED While Nat whee	HOUR A.M. Manth Day 1 P M. PLACE OF INJURY (AT HOME, FARM, STREE	fear 19 IT, FACTORY,) 21F	LOCATION Street or R.F.D. N		County State
ATTENDING etained by 1 scrore: After should be 1		causes stated abave	s haspital) attended the decive an decive and decive an	ased fram 2 19 <u>6 4</u> , c the bady afte	r death.		47, 19 69, that (1) (we) las the date and hour and fram the
TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director, page 3 should be filed v		NAME (Type) Will			22e. ADDRESS Weste	MED STAFF PHYS. C	1 1-28-67
Page Should	23a.	OCHAOMAH (C.,		of CEMETERY C		23d LOCATION (City or Town Moscow Mill)	
VII AI DUN			Western	RESS	2So RECID		SISTRAR'S SIGNATURE Judge

C

1	1	00075	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREE		RYLAND 21201	10075	
	1	00010		ERTIFICATE OF D			00013	
4 -24		CEASED NAME First	Middle	Last	Zo. DATE O	DEATH		2b. HOUR
r death. uneral 1 and 2 rr death.	(1	ype or print) Clara	1	Ross	Ja	n. Manth 21Day	1969	2 A'M
fer fer	3. SE		4. RACE	S. DATE OF BIRTH		6 AGE (In years		UNDER 24 HRS.
		Pemale	White	Aug. 11	., 1892	last baradoy) YRS.	MONTHS DATS H	ORRZ WIN'
haurs after death	7a. (den al	U.S.A.	8. MARRIED MEVER MARRIE WIDOWED X DIVORCEI				
pap pap 77		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS		120. USUAL OCCUPATION		12b KIND OF BU	Md.
pletely fill carban po ent, withir	_	Cumberland	okerne Hardurs.	Home	during most of working		INDUSTRY	MILESS OK
completely ave carbai		crian\ CTATE	lived if institution. Residence before			REET AND NUMBER		
e execute and comp remave n any eve		Mde	ALLegany	Der Gor	ESC NO			
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whith the retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filler a should be detached far use as the buriaf-transit permit. Then please remave carbon paid with the State Dept. af Health priar to buriaf, cremation, or remaval, and in any event, within	14. 1	ATHER'S NAME First James Nor	M.ddle Lost rris	is mothers maide	F. Hunuche	Middle 2°		Lost
t the death certificate b the attending physician sit permit. Then please nation, or remaval, and i	16a.	WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16b. SOCIAL SECURITY N	IO. 17. INFORMANT		Address		
rtific phys		es, iid, or olikliowill	0.00,014,301(0)	Charles	Ross-Rawlin	gs. Md.		
and India		18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), ond (c).	11.			APPROXIMATI GETWEEN ONSET	ANO CEATH
end end or r		IMMEDIATE	CAUSE (o)	maen	en .		Zux	5
the cath		Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	Paris of	1 Secular		1 / -	2.000
t th t th insit		rise ta immediate cause (a),	(b) AS A CONSCIOURN COME	our -	220	Jus	0	
4: The law requires that the ar attending physician. The has been signed by the use as the burial-transit path priar to burial, cremating		stating the <u>underlying cause</u>	DUE TO, OR AS A CONSEQUENCE OF	terrosco	Coros		54	rz
requi		PART 2 OTHER SIGNIFICANT CONDI	ITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVE	N IN PART 1(a)		
IAN: The law rei ficate has been s far use as the bf Health prior to b	HOLL	190. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY	/2 20b 1	YES, WERE FINDINGS CO	NSIDERED IN CERT	IFYING
The after the has	CERTIFICATION			YES		OF DEATH?		
e e e e e e e e e e e e e e e e e e e		210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	RED (Enter nature of inju	ry in Part I ar Part 2, It	em 18.)	
of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Doy Year P.M. 19					
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	ME	21d INJURY OCCURRED 21e. PL Wh.le hot while of work at wark	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	21f. LOCATION Street of	r R.F.D. No. City	or Tawn	County	State
de de de		of work at wark 1) /this	haspital) oftended the decease te anl (I) (we) (did) (did nat) view the b	d from Victor I	10 600 to 5	1 7 7 10	1 0 that 1	V (vva V locat
Affred by Store		saw the deceased aliv	le an Serial grended the decease	of fall	(aur) opinian death	accurred an the dat	e and haur an) (we) last d fram the
O.S.:		causes stated abave, ((I) (we) (did) (did nat) view the l	oady after death.				
RECT 3 st	П	22b. SIGNATURE	S Gurri	DEGREE PHYS	MED.	STAFF 22c. D	AFE SIGNED	9
AL C		22d. PHYSICIAN'S	11 00	22e. ADDRES		rmis.	1010	
FRA de la de		NAME (Type) Clay D	urrett	Cur	mberland. Mo	1		
TO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be file	230	BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	EMETERY OR CREMATORY	23d LOCATI	ON (City or Town)		(State)
5 5 5 ip 10		1/23			Mosco	w Mills,	Md.	•
VR A15 P	24.	FUNERAL DIRECTOR 2	Westerne		a.JRACIN BYZREQISTRAP	25b. REGISTRAR'S S	IGNATURE	
Source .	1	· MAR	X	Di	ATE	- 4	1	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00076 CERTIFICATE OF DEATH 00076 Middle 20. DATE OF DEATH 1. DECEASED NAME First Last 2b HOUR (Type or print) Walter Robert Jan . 1969 Ross 3 SEX 4 RACE S. DATE OF BIRTH #F JNDER I YEAR IE LINDER 24 HRS 6 AGE (n years papers. Pages thin 72 haurs afte lost buthday) rsician and completely filled in by the please regides carban papers. Pages DAYS **MONTHS** HOURS Male White May 18, 1895 requires that the death certificate be executed within 24 haurs af 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED APPLIED APPLIED country)Maryland U-S-A-Allegany WIDOWED I DIVORCED [7] 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired) 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street address) INDUSTRY Farm Westernport Rural 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN STUAL INSIDE CITY JANUES? 13e STREET AND NUMBER 13b COUNTY Allegany odmission) STATE Md. Westernport NO 🖼 R.D. 1 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First signed by the attending physician and burial-transit permit. Then please rela burial, crematian, or remaval, and in an William M Ross Mary L. Montgomerv 16b. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) I (If was give wor or dates of service) 216-05-5757 Mary Ross Westernport, Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Cardio-re Cardio-renal disease 6 mos 4101 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) 3 vrs Arteriosclerotic heart disease rse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) IO FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO 🗌 YES 🗍 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical examiner) HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City or Town Stote County While Not while at work 220. I certify that (1) (this haspital) attended the deceosed from Jan 1968, to Jan 1969, that (1) (we) lost saw the deceased alive an Jan 14 19 69 and that in (my) (aur) apinion death accurred on the date and haur and from the couses stated obove, (I) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. X 1-16-69 DEGREE PHYS 22e. ADDRESS Piedmont, W.Va 22d. PHYSICIAN'S NAME (Type) James H. Wolverton. Sr 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a, BURIAL CREMATION, REMOVAL SPECIFY 1/17/69 Md. Philos Westernport 24. EUNERAL DIRECTOR Westernport, Md. WR A15 (1)

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-/- 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
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affer the fur yages I	SEX 4. RACE S DATE OF BIRTH FEMALE VHITE S DATE OF BIRTH 10-11-22 6 AGE (n yeors FUNDER 1 YEAP IF UNDER 24 HOURS n MONTHS DAYS HOURS N MONTHS N MONTHS
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within 24 filled in paper, within 72	CUMBERLAND 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUA. OCCUPATION (Kind of work done during Hospital Provided House of Work done during Hospital Provided House of House
executed tomplete anove carl any event,	30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before lack CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY ALLEGANY CUMBERLAND 15k
be exe n and a d in any	4 FATHER S NAME First Middle Lost 15 MOTHER'S MA DEN NAME First Middle Lost JANNIE E. LAMP (SMITH) ELIZABETH LAMP
ertificate b physician nen please noval, and i	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or MOTOWn) 17 INFORMANT Address 218-12-5144 HOSPITAL RECORD, 900 SETON DRIVE, CUMB., MD.
requires that the death ce g physician. s signed by the attending i e burial-transit permit. The	18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave 1 se to immediate cause (o), Stoting the underlying cause Los (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
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01 01 02 VR A13 VR 45M	But Dec fy) Jan. 31,1969 Restlawn Memorial Gardens La Vale, Md. Allegany 24. FUNERAL DIRECTOR SCARPELLI FUNERAL HOME CUMBERLAND, MD. ADDRESS DATE FEB 4 1969



	MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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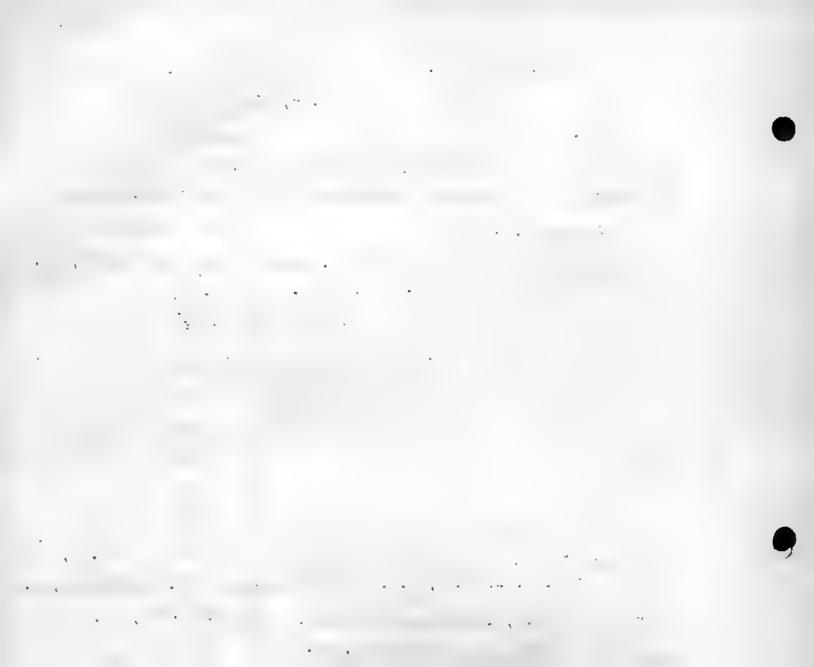
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30M REV. TAR	L	JOSEPH R. DURS	T, FROST	BURG, MD.	21532	D	MAN 9	1969	Action	May Jud	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2008. CERTIFICATE OF DEATH 00881 DECEASED NAME First Middle Last 20. DATE OF DEATH 2b HOUR A and 2 within 24 hours after death (Type or print) J ESSE (REV.) ALFRED SHAVER 3. SEX 4 RACE S. DATE OF BIRTH 6 AGF (In years IF UNDER YEAR WHITE MALE 85-81-II 70 BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WEST VIRGINIA U.S.A. ALLESANY COUNTY. DIVORCED WIDOWED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done dunng most of working life, even if retired) CHURCH **CUMBERLAND** HOSPITAL 13a USUA. RESIDENCE (Where deceased hypothis institution. Residence before admission). STATE VIRGINIA COUNTY MINERAL in any event, 13c CITY OR TOWN certificate be executed 13d INSIDE CITY JIM TS? 13a STREET AND NUMBER WILEY FORD YES 🗍 NOTE Alona River Avenue 14 FATHER S NAME First Middle . rist 15 MOTHER'S MAIDEN NAME First Middle last (HOTTINGER) MARY SIMON SHAVER SHAVER burial, crematian, or remayal, and MD. 21502 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no prunknown) SACRED HEART HOSPITAL, 900 SETON DR., WIMB., 236-14-2951 18. CAUSE OF DEATH (Enter any one cause per line far_(a), (b), and (c) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if only, which gave) r se to immediate cause (a) stating the underlying cousei PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES I NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 1B) OR CONTRIBUTING [7] CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical exominer) directar, page 3 should be detache shauld be filed w.th the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town State County While Not white at work couses stated above, (1) (we) (did) (diemot) view the body after death 22b. SIGNATURE 22c DATE SIGNED DIRECTOR PHYS. PHYS 22e ADDRESS NATIONAL HWY., 22d. PHYSICIAN'S PAGAN LA AVÉE. NAME (Type) 23a BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Rentovallspourial Cedar Hill Cemetery Franklin. Pendleton. W. Va. 24 FUNERAL DIRECTOFF, Warne George Cumbe MC Hidd 2So. REC'D BY REGISTRAR BREEKKYKKKKERAXXKONEXXERANKYXXXXXXX Charles Judge DATJAN 9 1969

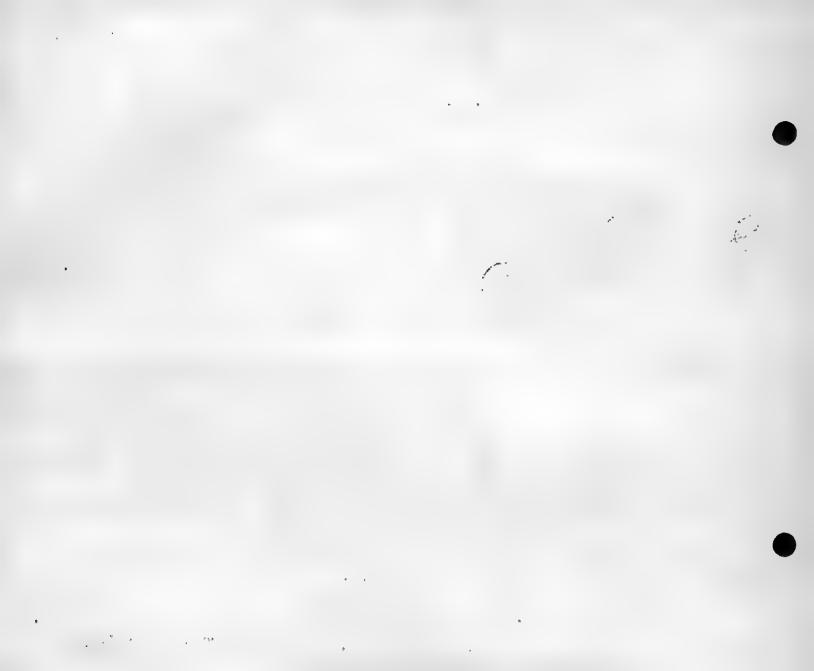


1	. 1	1			301 W. PRESTON STREET, BALTI		
7			00083		CERTIFICATE OF DEATH	HORE, MARTLAND 21201	U0083
	funeral s 1 and 2 ter death		DECEASED-NAME First (Type or print) GEOF	M.ddle RGE E.	SH0EMAKER	2a. DATE OF DEATH Month Doy	3 Year 69 2b Hour 10:25
		3	MALE	4 RACE WHITE	5 DATE OF BIRTH 7-20-92	6 AGE (In years law years)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
	thin 24 haurs after filled in by the fun page? Poges I	(9	ENNA.	'b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED DIVORCED	ALLEGANY	Md
	d within defety fille arban pa		CUMBERLAND	11 NAME OF HOSP TAL OR INS 99AICREDOSSHEAR	THOSPITAL RECTIF	COCCUPATION (Kind of work done RED of RAME) Corp. (Kind of work done corp.)	12b. KIND OF BUSINESS OR DINDUSTRY Lumber
	complete	adr	I. USUAL RESIDENCE (Where deceased hissippia RYATEAN D	1 lived, f institution Residence before	OLDTOWN 13d HSIDE CITY UM	UTS? 113a STREET AND MIMBER	72-A
	be execut n and com se remave d in any ev		FATHER'S NAME First GEORGE	Middle SHOEMA	CER IS MOTHER'S MAIDEN NAME ANNA	St JANE	BAERast
12	physician physician en please aval, and	16	T. WAS DECEASED EVER IN U.S. ARMEI Yes, not () unknown) (If yes give wor	D FORCES? ar dates of service) 2 1 4-05-56	17. INFORMANI TAL RECO	ORD, 900 SETONS DR	R., CUMB., MD.
٠	the death the attendin sit permit matian, ar ren		Conditions, if ony, which gave use to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS	ONE COUSE PET AND FOR LOS (b), and (c) BY: CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ITIONS CONTRIBLING TO DEATH BUT NO	Supplies Stranger of The TERMINAL DISEASE OR CO	Hadavia	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 3 Very
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	G PHYSICIA the haspita the haspita this certifit detached for the Dept. of for	*	While Rat while at work of work		TORY.) 21f LOCATION Street of R.F.D. No	City or Tawn	County State
•	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been sigmed by director, page 3 shauld be detached far use as the burial-transshauld be filed with the State Dept. at Health priar to burial, creating.		sow the deceased oliv	(1) (we) (did) (did not) view the l	ATTENDING ME	ion death occurred on the dat	te and hour and from the
	SPITAL (4 may b EERAL D ar, page ar, page			GAN	226 ADDRESS	, HWT. LA VALE, ME	0.
	Page 4	Bellede	2 44 4 1 C/Cal	6,1969 Pavis N	EMETERY OR CREMATORY Lemorial Cemetery	23d LOCATION (City or Town) Cumberland, All	((county) , Md •
	VR 45M	24 S	FUNERAL DIRECTOR CARPELL FUNERAL	HOME, 108 VA. AV	E., CUMB., MODAYEAN S	REGISTRAR 25b REGISTRAR 5 5	SIGNATURE

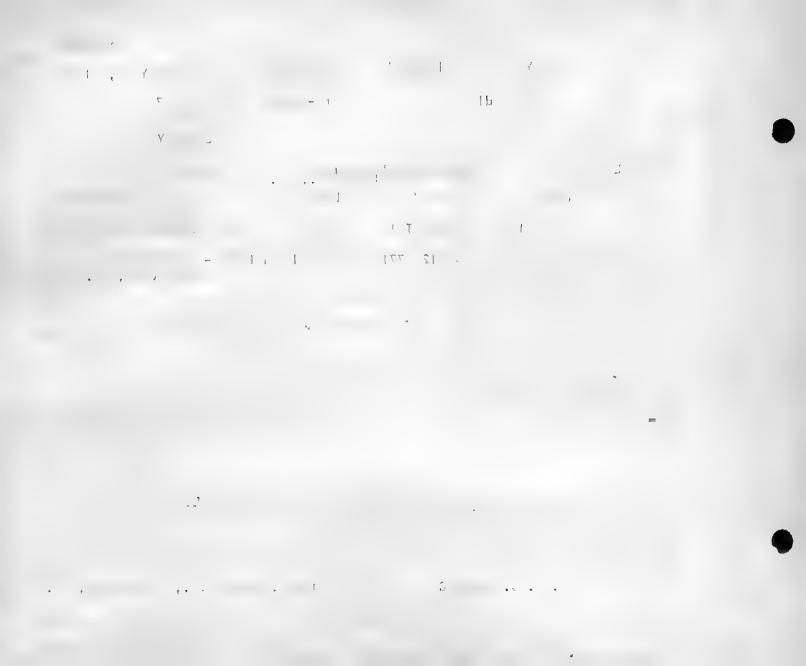
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1/2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4.0000
FOR STATE	di.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00084
HEALTH DEPT.	1. D	DECEASED, NAME First Muddle lost 20 DATE KNOWN MA	onth Doy Yeor 2b HOUR
d e a s	((Type or Pant) Grace Marie Shroyer DEATH MATED [X]	-11-69 19 9 P M
Sny detay is 2, and 3 ta PM3. Page	3 51	CEY IN PACE I C DATE THE DIDTH IN AGG: (In wants 12 ONDER 10 O	D Zo HOUR
del and M3.	7	To ale fin 3 20.27, 19 9 5 yrs Months DAYS HOLES MIN January Day	2,1:69,4:00pm
P 2 2 4		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	Saltoon, E. Mohw
- E 6		WIDOWED DIVORCED Alle any	u.a
of to		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work do	md.
after death a. Give Pages 1, alang with form with the State Death		alle sale give street oddress) - during most at working if e, even if retire	d) INDUSTRY
ive ng v		D. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
afte. 8. Galar With	0	odmission) STAFFarylini 13b COUNTAllegan Elloralia YES NO	
24. Hours after death Ony delay is in Item 18. Give Pages 1, 2, and 3 takes of the State of the		FATHER'S NAME First Middle Lost U.S. MOTHER'S MAIDEN NAME First Middle	Lost
bours Item 1 Office 1 and 2 after 0	14. r		
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meil in miners on miners hours	160. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, ocunknown] If yes give war or dates of service] 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 18. INFORMANT 18.	
thould be executed within 24, ward "pending" in pending the Chief Medical examiners urial-transit permit. File pages in any event within 72 hours			APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
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erti writ wa writ wa sed	A710	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fall fall	THE	WAS PERFORMED?	YES 🔯 NO 🗌
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an, and	18	PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH P.M. 19	
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caur age tren		WHILE NOT WHILE foctory, affice building, etc.)	
DICAL EXAMINER: use execute the certification. Page 4 shaulch ined far yaur files. RECTOR: Page 3 shau a burial, crematian.		22a. I certify that I taak charge of the remains described above, held an Autapsy ៊ Inspection 🔼, Inquir	y 🔼 , and in my apinian
CAI ex ex d f f f f f f f f		death resulted fram: Natural causes 🔂 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined man	r Made r
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ret di		ACTUAL ACTUAL ACCIONANT MEDICAL EXAMINED 72%.	DATE SIGNED
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o DEPUTY DICAL EXAMINER: This certificate should be executed necessary, please execute the certificate, writing the ward "pending"; the funeral director. Page 4 shauld be farwarded to the Chief Medical 5 may be retained far your files. o FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Health prior ta burial, crematian, or remaval, and in any event within	230	BO BUR AL, CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 238 LOCATION (City or Town)	(County) (State)
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		4 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 RECUSTR	RAR'S GNATURE
VR A15ME [5] 10M REV 1/68		Harvey H. Zeigl r, Hyndran, Fa. parlAN 17 1969	ares Judge
INW KEA 1/00			

MARYLAND STATE DEPARTMENT OF HEALTH



- 1			'LAND STATE DEPARTMENT OF RDS, 301 W. PRESTON STREET, BALI		
	90080		CERTIFICATE OF DEATH	,	U0085
1	DECEASED-NAME (Type or print)	First Middle MARY ELIZA	BETH SIEFERS	JANUARY 29	25. H941M
3	FEMALE	4 RACE WHITE	S DATE OF BIRTH	6. AGE (In years	IF ENDER YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS ANN
	BIRTHPLACE (State or fore gruntry) MARYLAND	76 CHIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED M DIVORCED	9. COUNTY OF DEATH ALLEGANY	Md
130	CITY OR TOWN OF DEATH CUMBERLAND USUA, RESIDENCE (Where of mission) STATE MARY	11 NAME OF HOSPITAL g ve street address! SACRED LAND 13by COUNTY ALLEGAN	HEART HOSPITAL during in	JAL OCCUPATION (Kind of work dane nast of working life, eyen if retired) HOUSEWIFE	POR VERT ON STREET To Cost Or Considered in Certifying To Cost Or Considered in Certifying To Cost Or Considered in Certifying To County State
14.	FATHER'S NAME First		STEIN (Sellner)	First Ganata Maga-	Lost
16	o. WAS DECEASED EVER IN U.S. Yes, no, or unit (H ye	ARMED FORCES? s give war or dotes of service) 16b. SOCIAL SEC 2 2 - 2			
2	Candit ans, if any, which a rise to immediate cause storing the underlying colors. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUEN (c) IT CONDITIONS CONTRIBUTING TO DEATH OF CLEANER (TO CONTRIBUTION OF CONTRIBUTION CONTRIBUTION	CE OF FASTATIC CA of CE OF BUT NOT RELATED TO THE JERMINAL DISEASE OR CE OF	e	- 17
MEDICAL CERTIFICATION	OR CONTRIBLTING CAUSE (If either, notify medical e	DE DEATH HOUR A.M. Month Day	Year 19 YES NO 5	er nature of njury in Port 1 or Port 2, 1	(Jen 18.)
	While at while at wark of work 22a. I certify that (I saw the decease causes stated a 22b. SIGNATURE	/	eceased from		
	22d. PHYSICIAN'S	R. A. J. MIRKIN	DEGREE PHYS 22e. ADDRESS	MED STAFF DIRECTOR PHYS	1-30-69
23	BUR AL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR	2/1/69 53	ME OF CEMETERY OR CREMATORY CHECK & Breed Com DRESS 1250 RECD.	23d LOCATON (CITY OF TOWN) - CLESSE - KILLS BY REGISTRAR 25D REGISTRANS	(County) (State)
30	Louis	blein Inc. C.	und MQ DATEFEE	3 1969 /	the Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH 10085 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
. FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	36
HEALTH DEPT.	/Time or Print)	ear 2b. HOUR
Po 3 is	Harvey William Simons DEATH MATED 1-21-69	198:00p M
	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (n years IF LNORE 1 YEAR IF JNORE 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS GAYS HOURS MIN January 21, 1969 (early 1969)	2d HOUR
2, and de	Male White 3/11/1887 81 yrs. MONTHS CAYS HOURS ON January 21, 1969 eer 19 70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	9 8:30р м
	Country) Penna U.S.A. WIDOWED DIVORCED Allegany	Md
nth ages h fa tate	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (Kind of work done 12b KIND (OF BUSINESS OR
haurs after death Item 18. Give Pages 1, Office along with farm Land 2 with the State De	Cumberland Rt #3 Give street oddress during most of working life, even if retired. UNDUSTRY Retired Employee - P. E. Co	
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INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in parall in Item 18. Give Pagi should be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages I and 2 with the Sta cation, or removal, and in any event within 72 haurs after death.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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bical Examiner: se execute the certi setar. Page 4 shauld ned far your files. ECTOR: Page 3 shau burial, cremation,	WHILE NOT WHILE I factory, office building, etc.) AT WORK AT WORK	
	22a. I certify that I took charge of the remains described obove, held an Autopsy, Inspection 🗶, Inquiry 🕵 ond	in my opinion
bur bur	death resulted fram: Natural causes 🖾 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🔲	
please e director retained I DIRECTOR ion to bu	ACTUAL AC	
ny, P ny, P erol be r RAL price	SIGNATURE AND ASSISTANT MEDICAL EXAMINER TO TARRITADAY OF	060
o DEPUTY SICAL EXAM necessary, please execute if the funeral director. Page 4 5 may be retained for your DEUNERAL DIRECTOR: Page Health prior to burial, cren	EXAMINER'S NAME (Type) BENEDICT SKITARELIC, M. D. ADDRESS(Street, city, town, or commercial examiner and commercial examiner and commercial examiner and commercial examiner.	
necessary necessary the funer 5 may by 10 EUNER Health	23a BURIA. (REMATION 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County)	(State)
0)	Burial 1/21/69 Hillcrest Burial Park Cumberland Allegany	Maryland
VR ALSMERG	24 FUNERAL DIRECTOR ADDRESS 250 BEG DAY REGISTRAR 969 256 PART AND ATURE	udge
TOM REV TRAS	Silcox-Merritt Funeral Service Cumberland, Md DATE // //	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30887 CERTIFICATE OF DEATH 66687 1. DECEASED NAME Middle Jost 2a DATE OF DEATH 2b. HOUR hours after death (Type or print) AL BERT C. STURTZ 4:00 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MALE WHITE 07-31-85 1895 ZHTHOM: FSI.ICH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH (auntry) PENNA. USA **ALLEGANY** WIDOWED | DIVORCED [O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in baseifal 12a USUAL OCCUPATION (Kind of work done within 126 KIND OF BUSINESS OR duringenatt of werking ele, evon if retired) **CUMBERLAND** HEART HOSPITAL director, page 3 should be detached far use as the burial-transit permit. Then please remove call shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, 30 USUAL RESIDENCE (Where deceased lived/ f institution. Residence befare 13c CITY OR TOWN requires that the death certificate be executed admission) STATE 3d ThSIDE CITY LIM TS? 13e STREET AND NUMBER 13V COUNTY YES WELLERSBURG BOX 3. WELLERSBURG, PENNA. 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middie STURTZ LILLIE **JOSEPH** 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, ng, ar unknawn) SACRED HEART HOSPITAL 217-10-6617 HOSPITAL CHART CUMBERLAND, MD. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY MMED ATE CAUSE (a) signed by the buriol-tronsit Candit ans, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSPOUENCE OF stating the underlying cause PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 160 TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF PERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from March, 1966, to 1/6_1969, and that in (my) (our) apinian death accurred on the date and have and from the saw the deceased at ve em causes stated abave, (M (we) (did) and and view the bady after death. 22b S-GNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS D.RECTOR PHYS 22d PHYSICIAN S 22e ADDRESS NAME (Type) PAGAN 1068 NATL HWY LA VALE, CUMB.. 23g BUR AL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL Specify Wellersburg Cemetery Wellersburg, Somorset, Pa. 24 FUNERAL DIRECTOR ADDRESS 2So REC'D BY REG STRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 45M - 1/69 ZIEGLAR FUNERAL HOME HYNDMAN, PENNA. Milesney Ju

MARTLAND STATE DEPARTMENT OF HEALTH

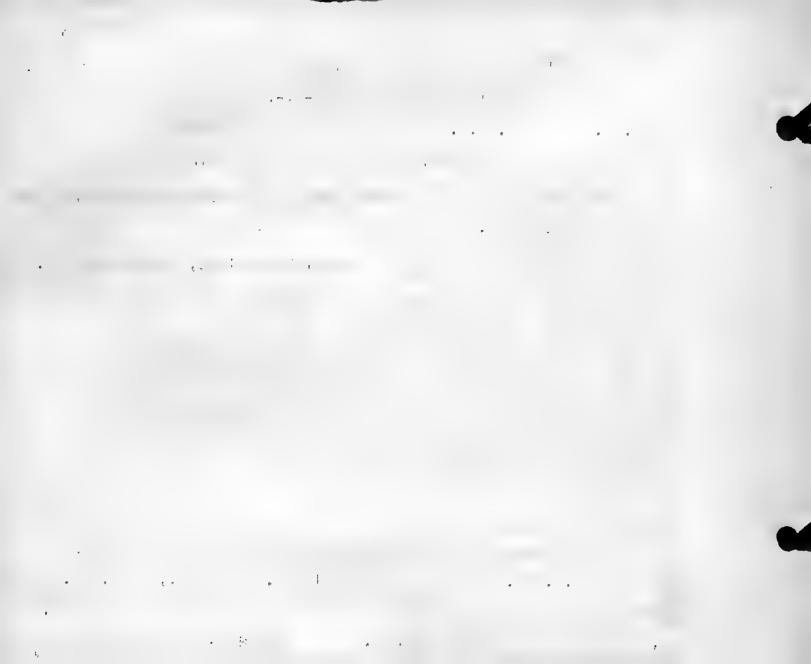
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be execut			GUST		TABL	ER	. MOTHER'S MAID	SAVI	LLA	dle	GLOVER	
physician con please provol, and	160. Y	WAS DECEASED EVER IN U	S ARMED as give war ar	FORCES? dates of service)	705-05-80		NFORMANT EMORIAL	HOSPI	TAL, CUMBE		D, MD.	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filted in bysitial should be detached for use as the burial-transit permit. Then please retinate carbon papers, Pages, 1 and 2 with the State Dept. of Health prior to burial, cremation, or removal, and supply within 72 hours after death.	7	Conditions, if any, which use to immediate couse stoting the underlying colors. PART 2. OTHER SIGNIFICAN	(o) (DUE TO, OR A	S'A CONSEQUÊNCE OF	- ()	THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PART I(0)	. \	AFPOOLIMATE INTEREST BETWEEN ONSET AND DEATH	
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SICIAN: Ispitol o ertificate sed for t. of Hec	MEDICAL C	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE (If either, notify medical e	OF OEATH ×aminer)	HOUR A.M. P.M.	Month Doy Year	,			e of injury in Part 1 or P			
PHY he ho this c etoch Depi		While Not while of work	ZIE. PLA	CE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	10kt.) 21f L0	CATION Street o	r R F.O No.	City or Town	(6	ounty Stote	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burnal-transhould be filed with the State Dept. of Health prior to burnal, creating the state Dept. of Health prior to burnal, creating the state Dept. of Health prior to burnal, creating the state Dept. of Health prior to burnal, creating the state Dept.		22a. I certify that (I) (this hed alive	aspital) atter an(we) (did) (did nat) view the	ed frame 9/ fand bady after d	t that in (my) leath.	(aur) apinian		, 19 / he date o	that (I) (we) las	
TO HOSPITAL OR ATTEN Page 4 may be retained FOR FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYS CIAN'S NAME (Type) DR	BL.	ANE SI	CHINDLER	DEGR	PHYS. 22e ADDRES 43	DHRECTO S GREENE		ABERL	AND, MD.	
TO HO: Page 4 directs shoul	230	BURIAL, CREMATION, PRAYOVAL SOPERTY)		20,196	-	t Memo	rial Pa	rk 23d	LOCATION (City or Town)	Alle	ounty) (Stote)	
VR ATS	24.	James F. S	car	elli,	Cumberla:	nd, Md	25 Di	o. RECD BY REG	1969 256 PSEUS	RAR S SIGN	Judge	

i , i , . . 1 t o i

, 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH				
· F					
er death. funeral I ond 2 er death.	1 DECEASED NAME (Type or print) BESSIE E. TAYLOR 20 DATE OF DEATH JANUARY 203 1969 9:25				
ours after by the fur Pages 1	FEMALE 4 RACE WHITE 5. DATE OF BIRTH 5-31-1897 6 AGE (In years FUNDER 17EAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN				
24 hours	76 CITIZEN OF WHAT COUNTRY? U. S.A. 8. MARRIED NEVER MARRIED VIOLET ALLEGANY Md 9. COUNTY OF DEATH ALLEGANY				
within within	10. CITY OR TOWN OF DEATH CUMBERLAND 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during HOUSE will be deven if retired) 12b. KIND OF BUSINESS OR INDUSTRY				
ercred wit	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATMARYLAND 13b COUNTY ALLEGANY CUMBERLAND TYES NO CUMBERLAND NUMBER COUNTY ALLEGANY				
n and co	GEORGE E. CLARK IS MOTHER'S MA DEN NAME First Middle WILSON Lost				
ertificate be ex physician and nen please rein laval, and in an	16a. WAS DECEASED EVER IN US ARMED FORCES? Year or unknown) (1 yes give war or dotes of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address MEMORIAL HOSPITAL CUMBERLAND, MD.				
equires that the death c physician. signed by the attending burial-transit permit the burial, crematian, ar rem	18. CAUSE OF DEATH (Enter on y one cause per line to (a) (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a)				
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ie 3 shauld be detached far us ed with the State Dept af Healt	9a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH? 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY HOUR A M. Month Day Vear HOUR A M. Month Day Vear 19 19 19 19 19 19 19 19 19 19 19 19 19				
	While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (I) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 that (II) (this haspital) attended the deceased from 17 123, 19 to 1733/159, 19 to 1733/				
ro Hospital Page 4 may O FUNERAL I director, pag	22d Physician's R.J.WMS. 22e ADDRESS S. CENTREST., CUMB. MD. 23d B_RIAL (REMATION, REMATION, REMATION) 23d Physician S. CENTREST., CUMB. MD. 23d Location (City of Toyo)				
OI VR A SM	24 FUNERA. DIRECTOR E. S. Boa? Westernport, Md. ZSO REC'D BY REGISTRAR 25b. REGISTRAR'S S.GNATURE DATH AN 3 0 1969				



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201					
FOR STATE			R'S CERTIFICATE OF DEATH	00000		
HEALTH DEPT.		ECEASED NAME First Middle	Lost 20. DATE KNOWN Month OF ESTI-			
	((ype or Print) Charles	Thompson OF ESTI- 1-	8-69 19 3 A M		
Any defoy is 2, and 3 to PM3. Page	3 5	X 4 RACE S DATE OF BIRTH 6 AGI	E (In years IF UNDER LYEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR		
and and with with wind		Male_ White April 14, 1894	74yrs DAYS HOURS MIN Month 1-89x6	9 Year 19 3A M		
Seponential Property of the Post of the Po	70	BIRTHPLACE (State or fore an 75 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH			
form form	(001	Maryland U.S.A	WIDOWED DIVORCED Allegany	Md.		
hours ofter deoth any deloy frem 18. Give Pages 1, 2, and 3 Office olong with form PM3. Po lond2 with the Stote Department ofter death	10 (TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR IN give street oddress)	ISTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.)			
r d g w the		Cumberland Memor USJA, RESIDENCE (Where deceosed 1 yed, of institution Residence before	ial Hospital Retired Laborer	B&ORR		
s offer 18. Gr olong with death	130.	USJA. RESIDENCE (Where deceased lived, if institution. Residence before imission). STATE	VEC CL NO CL			
n 18 n 18 d2 v		Maryland Allegany	Cumberland YES NO Route 2, Vall			
hours Item 18 Office of Iond 2 v	14. 1	ATHER'S NAME First Middle Lost	15. MOTHER 5 MAIDEN NAME First Middle	Lost		
miner's poges	160	Edward Thomps WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY N	on Mary Eli O. 17 INFORMANT ADDRESS	Thomas		
E E E		BS, NO, OF UNKNOWN) (If yes give war or dates of service)				
File 72	⊨	No	Memorial Hospital	APPROX MATE INTERVAL		
be executed "pending" in ief Medicol E. instit permit. Fevent within		 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I DEATH WAS CAUSED BY 	CORONARY OCCLUSION	BETWEEN ONSET AND DEATH		
Medin Medin Medin Medin Medin		4107 IMMEDIATE CAUSE (o)		HOURS		
per ief 1 rist		Conditions, if any, which gave)	CORONARY SCLEROSIS			
ort- ory e		ase to immediate cause (o). storing the underlying couse (Due TO, OR AS A CONSEQUENCE OF				
should I e word o the Ch ouriol-tro		lost.				
This certificate should be executed total, writing the word "pending" in be forworded to the Chief Medical B be used as a burial-transit permit. For removal and in any event within the state of the st		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)			
INER: This certificate extriting should be forworder files. 3 should be used as ortion, or removel a totion, or removel	z.					
is certific forword forword ie used ar	g.	196 DATE OF OPERATION 196. CONDITION FOR W WAS PERFORMED?		20. AUTOPSY?		
his ote, ote, his rer	CERTIFICATION			YES NO XEX		
## # P 0	AL CE	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M.	21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2,	Item 18.)		
NER Cer Cer houl lies. sho	MEDICAL	CAUSE OF DEATH P.M. 19	ON LOCATION Co D.C.O. h			
XAMINER: the the certified of the should your files. Poge 3 should cremotion,	2	21d INJURY OCCURRED WHILE NOT WHILE foctory, office building, etc.) AT WORK	21f LOCATION Street or R.F.D. No. City or Town	County State		
CCAL ES executor Poged for CTOR: Puriof,		22a. I certify that I took charge of the remoins describe				
pleose I directo retained L DIREC		death resulted from: Natural causes X, Accident	t, Suicide, Hamicide, Undetermined manne	· [_]		
y, pleery, pleery, pleery, prior prior s		ACTUAL B. A. A. A. T.	CHIEF MEDICAL EXAMINER 22b. DA	TE SIGNED		
LTY Pero Pero Pero Pero Pero Pero Pero Pero		SIGNATURE STANDARD CONTINADOS CON	DEPUTY MEDICA, EXAMINER AX Januar	y 8, 1969		
o DEPUTY DICA necessary, please exthe funeral director. 5 may be retained of UNERAL DIRECTOR Health prior to burn		EXAMINER'S NAME (Type) BENEDICT SKITARELI	C, M.D. ADDRESS(Street, Gry, town, oCLAMBERLAN	D, MARYLAND		
TO DEPUTY DICAL E necessary, pleose exect the funeral director. Po 5 moy be retained for TO FUNERAL DIRECTOR: Health prior to buriof,	230		CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)		
1.		REMOVAL (Specify) Jan. 10, 1969 Alleg		Alleg Md.		
	24	FUNERAL DIRECTOR	SS MO 250 REC D BY REG STRAR 256 REGISTRAR	SIGNATURE		
VR A15ME (5) 10M REV 1768		John J. Hafer Jr. 230 Balto Ave	. Cumberland DAKAN 10 1969	11 "		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00091 00003 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME First Middle Last 20. DATE KNOWNIKT Manth Day 2b HOUR (Type or Print) 1-18-69 17: Taliaferro Elise Towler 50a M DEATH MATED 6. AGE (n years OF LINDER 1 YEAR IF UNDER 24 HRS 3 SFX 4 RACE 5 DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOSR Year Femala White June 22, 1908 60 YRS. FOR M State Depa 70 BIRTHP_ACE (State or fare on 7b CIT.ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED COUNTY Maryland WIDOWED IX DIVORCED [7] TISA Allegany 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR along with during most of working life, even if setired)
Owner & Operator give street address) INDUSTRY with the Cumberland Hotel Inn 18. Give Hospital -DOA Memorial death. 130 USLA, RESIDENCE (Where deceased I ved. if institution, Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER 229 Baltimore Avenue Cumberland Office and 2 ofter 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Middle Taliaferro Hartley Ernest Hunter Ella Cave 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Dung. (Yes, no, or unknown) (If was give wor or dates of service) Lindsay C. Taliaferro, Sr., Pheonix, Maryland APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) BETWEEN ONSET AND DEATH permit PART I, DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (o) event DUE TO. OR AS A CONSEQUENCE OF CORONARY Canditrons, if any, which gave SCLEROSIS rise to immediate couse (a). This certificate should writing the word DUF TO OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remayal, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. NO X þe 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A M. cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F.D. Na City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a | certify that I took charge of the remains described above, held on Autapsy [1]. Inspection X. Inquiry 😨. ond in my opinion Natural causes X Undetermined manner Accident Suicide death resulted from: Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE January 18, 1969 DEPUTY MEDICAL EXAMINER XX EXAMINER'S Health BENEDICT SKITARELIC. M.D. ADDRESS(Street, city, town, or concumberland, Maryland NAME (Type) 0 23g BUR AL CREMATION. 23b. DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Hillcrest Burial Park Cumberland, Allegany, Burial 25b REG STRAR S SIGNATURE 24. FUNERAL DIRECTO 250 RECD BY REGISTRAR Occumen VR A15ME (5) 10M REV 1/68 Balto. Ave., Cumberland, Man AN Hafer.



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1009. 00092 CERTIFICATE OF DEATH DECEASED NAME M ddle First 20. DATE OF DEATH @ Lost anding physician and completely filled in by the funeral hit Then please remove corbon papers. Pages 1 and 2 or removal, and in any event, withter? hours after death. requires that the deoth certificate be executed within 24 hours after deoth in by the funeral (Type or print) Hattie Mae Valentine Jan. 1969 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. las birthdoy) DAYS HOURS 3/1/1886 White Female To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Pa. Allegany U.S.A. WIDOWED K DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Allegany Infirmally most of working life, even if retired) **INDUSTRY** Cumberland 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? Unk. odmission) STATE Md. 13b COUNTY Allegany Cumberlandige 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle Hughes SamueI ??? Mary Jane ling physician c Linen please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) [If yes give war or dates of service] 220-10-2442 Mr. Gilbert T. Garlitz Cumberland Md. Son 18 CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c))
PART 1. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND GEATI attendi **D FUNERAL DIRECTOR:** After this certificate has been signed by the atta director, page 3 should be defoched for use os the burial-tronsit perfeshould be filed with the State Dept. of Health prior to burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to mmed ofe couse (b) DUE TO, OR AS A CONSEQUENCE OF stating the undertying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES [7] NO | 210 ACC DENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME FARM STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INILIRY OCCURRED City or Town County Stote While Not while of work 220 I certify that (I) (this haspital) attended the deceased from Sept 5, 1900, to Jan 4, 1909, that (I) (we) lost sow the deceased alive on Jan 4, 1969, and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS M. L DEGREE DIRECTOR Memorial Hospital, Cumberland, Md. 224 PHYSICIAN S M. Simons, M. D. NAME (Type) George 23c NAME OF CEMETERY OR CREMATORY 23o BURIAL CREMATION 23b. DATE 23d LOCATION (City or Town) (Stote) (County) Bu PEMOYA (Specify) Cumberland . Allegany , Md. Jan. 9.1969 Hillcrest Burial Park VR A15 James F. Scarpelli. Cumberland. Md. 30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1) (1) (1) (2) (2) 00093 CERTIFICATE OF DEATH 1. DECFASED NAME First Middle Last 2n DATE OF DEATH 2b. HOUR 24 hours ofter death. (Type or pont) Month 18 Day 8:20 Vang Jan. Grace 3. SEX S DATE OF BIRTH 4. RACE 6 AGE (In years IF LINDER 24 HRS White Female. Jan. 31, 1886 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) New York U. S. A. Allegany WIDOWED X DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) Cumb. Nursing Home during mast of work no life, even if retired.) Own home Cumberland. 13a. JSJAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 138. STREET AND NUMBER executed 13b COUNTY 224 Schley St. Allegany Cumberland. 14. FATHER'S NAME Middle Last 15 MOTHER'S MAIDEN NAME First Spaulding Alida Teeter Frank he law requires that the death certificate be 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Texas, 78852 Address Yes po, ar unknown) Mrs. Durand T. Becker P.O. Box 175 Eagle Pass 220-44-3962 buriol, cremation, or removal, 18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND OFATH signed by the ottendir buriol-tronsit permit. Terminal bronchial penumonia 1 week IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease with Conditions, if any, which gave) 5 years DUE TO, OR SEA CONTROLLED ARTERIOSCIEROSIS, Chronic. rise ta immediate cause (a) stating the underlying cause Chronic brain syndrome. 5 years. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, puge 3 should be detached for use as the should be filed with the State Dept. of Health prior to Latent depressed state. 19th DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO [X YES [T] 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Nat while at work 22a I certify that (i) (thus hospital) attended the deceased fram 7 October , 1959 , to 18 January 1969 , that (i) (see) last saw the deceased alive an 17 January 1969, and that in (my) (see) apinion death accurred an the date and hour and fram the causes stated above, (i) (set) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 20 January 1969 DEGREE 22d. PHYSICIAN'S So. Centre St. Cumberland. Md. W. A. Wanormer, M. D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) RMOVAL (Secrity) 1/22/69 Hillcrest Burial Park. Cumberland, Allegany 24. FUNERAL DIRECTOR H. Wayne George Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

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-5 I		,0692	DIVISION OF VITAL RECORDS	CERTIFICATE OF DE	T, BALTIMORE, MARYLAND 21201	00094
. ~ .	1 0	ECEASED NAME First	Middle	Last	2g. DATE OF DEATH	2b. HOURD
death. neral and 2 death.		Type or print) Mary		Webel		ay 69 Year 4:50 M
fun fun s T'r	3. 51		4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
s after the safe	L	Female	White	Nov. 17,		
24 hours	7a. coul	BIRTHPLACE (State or foreign natry) New York,	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
filled in thin (2)		TITY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED NSTITUTION (If not in hospital	区 Allegany 120 USUAL OCCUPAT ON (Kind of work done	Md 126 KIND OF BUSINESS OR
d within ietely fill carbon promote within	ł	Cumberland,	give street address) //(emorial Hosp.	during mast allowarking life, even if retired.	Dept. Store
executed within 24 hours after death and completely filled in by the funeral remove carbon papers. Pages I and any event, within 12 hours after death	13e edm	usual RESIDENCE (Where deceasision) STATE Maryland	sed lived if institution. Res dence beford 13b. COUNTY Allegany		NSIDE CTY LIMITS? 13e STREET AND NUMBER 699 Gephart	Dr.
any compound	14	FATHER'S NAME First	M ddle Last	15. MOTHER S MAIDE		Last
din a	L	Richard			Mary	Donovan
b HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler director, page 3 should be detached far use as the burial transit permit. Then please remave carbon pages should be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within	160	WAS DECEASED EVER IN U.S. ARA (es, pa, or unknown) (If yes give w	MED FORCES? war or dates of service) 111-30-		Address e Hartnett 132-40 2	
G PHYSICIAN: The law requires that the death certified haspital at attending physician. This certificate has been signed by the attending phydetached for use as the burial transit permit. Then the Dept. af Health priar to burial, cremation, at remaya		PART I DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (D) BY:	d) ()	Barrel	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dea Itten Itten In, ar		/ · · · IMMEDIA	ATE CAUSE (a)			1111111111111
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that an. by t rans		rise to immediate cause (a), stating the undersying cause(DUE TO, OR AS A CONSEQUENCE (NF O		0
equires physicio signed burial th		lost.	(4)			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached far use as the burial transhould be filed with the State Dept. of Health priar to burial, crer		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DE	SEASE OR CONDITION GIVEN IN PART 1(a)	
law endii bee s bee riar	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY	CAUCEC OF BEATUR	CONSIDERED IN CERTIFYING
The state of the s	E E			YES 🗀	NO 🔼	
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rSIC aspit certil hed it. af	MEDICAL	(If either, natify medical examinate 21d. INJURY OCCURRED 21e.	iner) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING ETC.	FACTORY.) 21f. LOCATION Street or	r R.F.D. No. City at Tawn	County State
the har this detace	П	White Not white		0 41		
by the differ be differ State	П	22o. I certify that (I) (th	nis haspital) attended the deced	sed from	our) opinian death accurred on the	9, that (I) (we) lost
RENG PR: A puld the		causes stated above	e, (I) (we) (did) (did not) view th	e bady after death.	(our) opinian dealizaccuriga on the	agre and naur and from the
retorn FCTC S showith	П	22b. SIGNATURE	61. 11.	ATTENDING	22	c. DATE SIGNED
L OF be DIR		22d. PHYSICIAN'S	1-12 Mes	DEGREE PHYS. 22e ADDRESS		Jan. 8, 1969
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should I should be filed with the 5		NAME (Type) Blas	ne M. Schindler, I		reene St. Cumberland	. Md.
HOS age 4 FUN FUN hould	2 30		DATE 23c NAME (OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
5 5 5 2 2	_	BREMOVAL (Specify) 1 /	/11/69 St	John's Cem. SS Md. 25	Middle Village	
VR A15 [4] 30M REV 1/68	24.	H. Wayne Georg	ge 202 Greene St.	Cumberland, DI	ATE OF THE STRATE OF THE STRAIN ATE OF THE STRAI	was frage



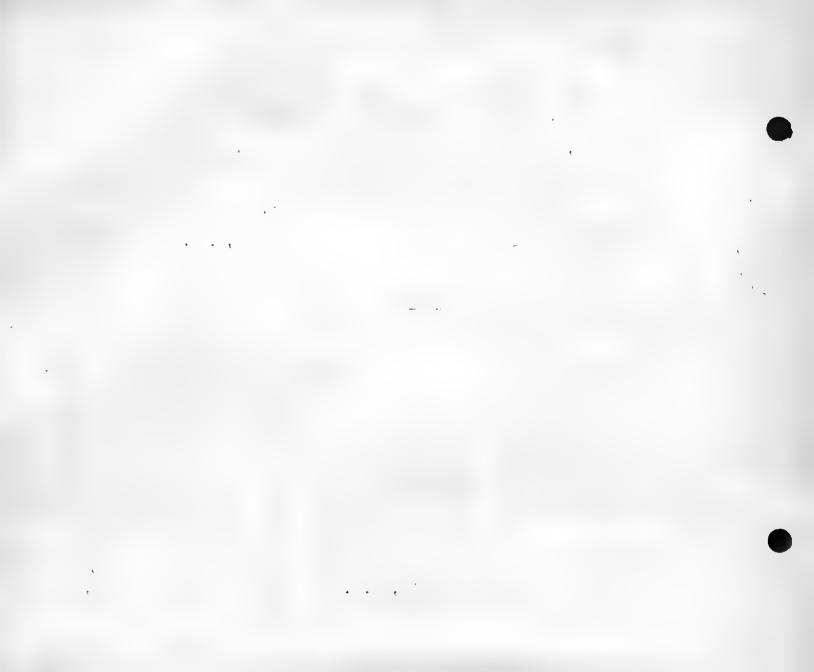
1 1/4	1	MARYLAND STATE DEPARTMENT OF HEALTH OGGS, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OGGS	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1969
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN A Month Doy	Year 2b HOJR
下口的 100	1	(Type or Print) JANNTE WELLS OF ESTI- DEATH MATED Jan 4,	19686 : 35
delay is and 3 to M3. Page	3. 3	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR F JNDER 24 HRS 2c. DATE PRONOUNCED DEAD 7 QGC	2d HOUR
any delon, 2, and n PM3. F		Female Negro July 21, 1906 62 VRS January 4, 196	5 19 6:35a
B 1, 2		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH "Swuth Carolina U.S.A. WIDOWED (2) DIVORCED Allegany	
ges far	1		KIND OF BUSINESS OR
after death any 8. Give Pages 1, 2, e along with farm Pl 2 with the State Departement.		give street address) during most of working life, even if retired.) INDUS	
Guve Sing Shift	130	TISTIA DESIDENCE (MISSON CITY IMPER) 124 STOCKET AND MISSON CITY IMPER)	
iz wir	-	oday South Tarclina 10 County Florence Florence YES NO 104, Kemp St.	
	14	FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	lost
Z = Z	L	Horace Lane Roxanna Kel	ly
nd in nineks pages hours		a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, of unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	_
I within pend Examili File po	-	No Marie Unk. Arie Pickins Florence, South Caro	APPROXIMATE INTERVAL
executed nding" ii Medical permit.		PART I, DEATH WAS CAUSED BY	SULUEN STAND DEATH
Med Med		14/09 DUE TO, OR AS A CONSEQUENCE OF	S OLDERY (
be ("pel		CORONARY SCT. FROSTS	
ord e Ch e Ch		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
te should be e the word "pei I ta the Chief I a burial-transst nd in any ever		lost (c)	
TY DICAL EXAMINER: This certificate should be executed within 24 hours please execute the certificate, writing the word "pending" in pendl in Hemeral director. Page 4 should be forwarded to the Chief Medical Examiners. DMM be retained for your files. **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and prior to burial, cremation, ar remaval, and in any event within 72 hours after		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writin ward ward aval	NOIL	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for rem	CERTIFICATION	WAS PERFORMED?	YES 🗀 NO 🏋
MINER: This certificate, writh the certificate, writh a shauld be farwall rifles. e 3 shauld be used smatian, ar remava	E	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18 HOUR A.M.	1.)
INER: e cert shaul files. 3 shau iatian	MEDICAL	CAUSE OF DEATH P.M 19	
	≥€	WHILE NOT WHILE foctory, office building, etc.)	unty State
EXAM execute the strength of t		22a certify that I taak charge of the remains described above, held an Autapsy , Inspection X, Inquiry X,	and in my apinia
CAL exe exe d to for to burric		death resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner	ond ar my apinion
JTY DICA Iny, please everal director. be retained RAL DIRECTOR		CHIEF MEDICAL EXAMINER	
ol do la de la constante de la		SIGNATURE DEMOCIECT SICILIER ELECTION ASSISTANT MEDICAL EXAMINER [] 22b. DATE SIGNE	êD.
		EXAMINER'S Deputy MEDICAL EXAMINER & January 4.	1969
o DEPU necessa the fun 5 moy 0 FUNE! Health	02	NAME (Type) Benedict Skitarelic, M.D. ADDRESS(Street, city town, or county)	(5)
0 m + ~ 0 +	230	30 BURNAL (REMATION, REMOVAL (Specify) 1230 DATE 234 LOCAT ON (City or Town) (Country Removal (Specify) 1230 LOCAT ON (City or Town) (Country Removal (Specify) 1231 DATE 1232 NAME OF CEMETERY OR CREMATORY Florence, Florence,	
	24	A F. NEPA. DIPECTOR	THRE
VR A15ME (5) 10M REV 1/68	F	Philip B. Wendt 121 hemorial Ave. Cumb., Md. park N 8: '769	Indag.
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	ı	00090	DIAISION OF ALIVE KECOKDS	ON OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH			
death. neral and 2 death		ECEASED NAME First (ype or point) ANNAB		lost WHETSTONE	JANUARY Month 7,	Y1969eor 26 HOUR	
after d	3. S		4. RACE WHITE	S DATE OF BIRTH OCT. 15, 189	6 AGE (in years	F JHOER I YEAR IF JINDER 24 HRS. MONTHS DAYS HOURS MIN	
by the reges.	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED (A) NEVER MARRIED	9 COUNTY OF DEATH	<u> </u>	
d in Peers		MARYLAND	U.S.A.	WIDOWED DIVORCED	ALLEGANY	Md.	
within 24 ban pape within 73	10	FROSTBURG	give street oddress)	DEN STREET	AL OCCUPATION (Kind of work done ost of working Life, even if retired.) USE: WOFE.	126 KIND OF BUSINESS OR INDUSTRY	
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exe any any	14	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F		last	
a de de	L	PHILLIP		ELIZA		STEEMAN	
ertificate be execc	lóa	WAS DECEASED EVER IN U.S. ARP (es, no, or unknown) (If yes give v	MED FORCES? wor or dates of service)  16b SOCIAL SECURITY 214-07-53		Address CONE, FROSTBURG,		
nt the death of the attending the attending isit permit. The matian, or rem		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDI.  4 / 3 Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse.	(D)	:	& disease	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH SCHOOL STATE SCHOOL STATE BETWEEN ONSET AND GEATH	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit pshould be filed with the State Dept. of Health priar to burial, cremating	CERTIFICAT.ON		(c) INDITIONS CONTRIBUTING TO DEATH BUT  CONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING	
AN: The all or att	CAL CERTIF	210 ACCIDENT WAS UNDERLYING	NG 21b TIME OF INJURY	YES NO 21c HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Part 2,	Item 18.)	
PHYSICI, he haspite this certification of the haspite of the service of the best of the best of the haspite of	MED.C	OR CONTRIBUTING CAUSE OF DEA!  (If either, notify medical examination of the community of t	iner] P.M 1. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUHLDWIG, ETC.	9 ACTORY,) 21f. LOCATION Street or R F D No.	. City or Town	Caunty State	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22a. I certify that (I) (the	nis hospital) attended the decear alive an		224	De Z, that (I) (we) last ate and haur and fram the	
TAL OR may be real page 3 page 3 page 3 page 3 page 3 page 4 page		22d. PHYSICIAN'S NAME (Type)	C. Dieh L	DEGREE PHYS 220. ADDRESS	AED STAFF PHYS. D	1-8-69	
HOSP age 4 r FUNER director,	230	BUR AL, CREMATION, 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)	
VR A15 (A)		FUNERAL DIRECTOR	N. 9, 1969 FBG. MADDRES ST, FROSTBURG, MD.		FROSTBURG, MD  Y REGISTRAR  25b. REGISTRAR	S SIGNATURE	
90		oomin n. Dun	or, rhootbuild, MD.	21532 JAN 9	1969 /Clian	ey mage	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 3009. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) o. COUNTY o STATE b. COUNTY Maryland Allegany Allegany MARYLAND delay and 3 b. CITY OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAs and give nearest town) write RURAL and give nearest town Rural, Rawlings 10yrs Rural Rawlings land 2 with the State Depart d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS S RESIDENCE ON A FARM? Office along with farm 00 Route #1. Rawlings Route #1. Rawlings YES NO IX 01 3. NAME OF Middle 4 DATE Month Lost Doy DECEASED January 6th. 1969 10 Whetzel G.ve John Wesley (Type or print) DEATH S SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9 AGE ( n years FUNDER FYFAR TIETINDER 24 HRS 7 MARRIED NEVER MARRIED lost birthday) in Item 18. within 72 hours after death. White June 4th, 1871 Male WIDOWED X DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 10o USUA, OCCL PATION (Give kind of work done 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDHISTRY Petersburg. W. Va. Medical Examiner's Rt. Coal Miner pentil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within Israel Whetzel Mary Jane Watts .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 236-78-5335 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) INTERVAL BETWERAW certificate, writing the wara purionally be farwarded to the Chief event PART I. DEATH WAS CAUSED BY. CORONARY OCCLUSION IMMEDIATE CAUSE (o) DHE TO any Conditions, if any, which gave CORONARY SCLEROSIS (b) nse to immediate couse (a), __ DUE TO stoting the underlying couse 0 and 50 last (c) be used 19 WAS AUTOPSY PERFORMED? or remayal, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NOXIX 20g. EXTERNAL CAUSE WAS PRIMARY ID or CONTRIBUTING ID 20b DESCR BE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) CAUSE OF DEATH MEDICAL 20d N.LRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. I.ME OF MJLRY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) While Not While DIRECTOR: Page ot work of work 21. I certify that I tack charge of the remains described above, held an Autopsy ... Inspection X, Inquiry K, and in my apinian death resulted from Accident . Suicide . Natural causes X . Hamicide Undetermined manner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL 1/6/1969 D. DEPUTY MEDICAL EXAMINER K EXAMINER'S may Benedict Skitarelic, M.D. Address (Street, city, town or Qumberland, Maryland NAME (Type) O FU 230 BURIAL CREMATION 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMAJORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) LNIA 25b. REGISTRAR'S SIGNATURI FUNERAL DIRECTOR 250 REC'D BY REG STRAR VR A15ME (5) DATAN 8 Williamson 1969 6M 1/67



160 7		STATE DEPARTMENT OF HEAD	
4		T W. PRESTON STREET, BALTIMORI RTIFICATE OF DEATH	00098
۴ 2 ۲	1 DECEASED-NAME First Middle		DATE OF DEATH 25. HOUR
r death uneral 1 and 2	(Type or print) I SAAC M	WHISNER	Month 23 69 7:15AM
afte har f	3 SEX 4 RACE WHITE	3 - 1 - 78	6 AGE (In years if unote 1 year is under 24 Hrs months oars hours min
The state of the s	70 BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8 COUNTRY?   WEST VIRGINIA U.S.A.	MARKED L LINETER MINIMIEDI I	NTY OF DEATH
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tw required by the property of	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R		
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PHYSICIAN he haspital this certifica efached far o Dept. af He	21d INJURY OCCURRED While Not while of work of work	) 21f, LOCATION Street or R F D. No	City or Town County State
by the differ of	22a. I certify that (1) (this hospital) attended the deceased to	rom 10 19 1.	to 12 /, 196 /, that (I) (we) last
ATTENDING etained by the CTOR: After t should be d	saw the deceosed alive on causes stated above, (I) (we) (did) (did, hot) view the bod	/, and that in (my) (our) apinion d y/after death.	eath occurred on the dote and hour and from the
OR ATTENION DIRECTOR: A Should be retained or a should be director.	22b. SIGNATURE	DEGREE PHYS MED DIRECTOR	STAFF 22c. DATE SIGNED
HOSPITAL OR ATTENDING PHYS oge 4 may be retained by the has officetar, page 3 shauld be detache shauld be filed with the State Dept.	22d. PHYS CIAN S NAME (Type) DR. B. SCHINDLER	22e ADDRESS CUMBERLAND	, MD. / 1/6/
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. at Health		ETERY OR CREMATORY  Memorial Park  23d C.	.OCAT ON (City or Town) (County) (Stote) umberland, Allegany, Md.
VR A15 (4)	²⁴ James f. Scarpelli, Cumberland,		

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Left Control of the C		00099	DIAISION	OF VITAL RECORL	s, 301 W. PRESTON STI CERTIFICATE OF	REET, BALTIMORE, N DEATH	MARYLAND 21201	0099	
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24 hours after death. 29 in by fe funcal pers. Pages Fond 2 72 hour offer death.	3 SE	MALE		HITE	5 DATE OF B	RTH 12	6. AGE (in years last bithday)	IF UNDER I YEAR F UNDER	R 74 HRS
24 hour did in by pers. P		IRTHPLACE (State or for for for for for for for for for		OF WHAT COUNTRY?		RCED ALL	EGANY		Md
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rtificate physicio en plea aval, an	16o. Y	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b SOCIAL SECURI	17 INFORMANT MEMOR	IAL HOSP.	CUMBERL	AND, MD.	
The faw requires that the death certificate be executed within 24 hour attending physician. It has been signed by the attending physician and campletely filled in by se as the burial-transit permit. Then please remave carbon papers. It priar to burial, crematian, ar remaval, and in any event, within 72 hours.		Conditions, if any, who	AS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO, sch gave )	OR AS A CONSEQUENCE	1111-01	Britte-		APPROXIMATE INTER BETWEEN GINSET AND (	OLATH
equires that the d physician. signed by the atti burial-transit pert burial, crematian,		stating the underlying	g cause DUE TO,	OR AS A CONSEQUENCE	OF NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION G	IVEN IN PART 1(a)		
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DING PHYSICIAN: The by the haspital ar at affer this certificate has be detached for use State Dept. af Health	EDICAL CER	21o ACCIDENT WAS U ☐ OR CONTRIBUTING ☐ CA (If either, notify medic	use of DEATH HOUR al examiner)	P.M.	ar 19	URRED (Enter nature of a	njury in Part 1 ar Part 2	, Item IB.)	
JING PHYSIC by the haspii ffer this certii be detached State Dept. af	W	21d. INJURY OCCURRED While Not while at work			FACTORY.) 21f. LOCATION Street	/	ity or Tawn		State
OR ATTENDING De retained by it NRECTOR: After it all 3 should be ded with the State		saw the dece	ased alive on La	attended the dece	_19 / Tand that the (m	y) (our) opinion dear	h occurred on the d	9 E , that (1) (w late ond hour ond iro	e) last om the
OR ATTEL  DIRECTOR:  ge 3 shoul  led with th		22b. SIGNATURE	Palano	11:5	DEGREE PHYS	E and	STAFF PHYS.	DATE SIGNED	
TO HOSPITAL OF Page 4 may be TO FUNERAL DIR director, page 3 should be filed		22d PHYSICIAN'S / NAME (Type)	BLANE M.					RLÁND, MO.	
TO HC Page TO FU direc	A	BURIAL, (REMATION, REMOVAL (Species)	236 DATE 1/5/69	7 July	of CEMETERY OF CREMATORY CREST BUSING	Ph. Cur	ATION (C ty ar Town) Lieble C 25b. REGISTRAR	(County) (State	Q.
EA YOU	Z	ems Il	ein Inc.	Cumb.	ma		1969 Jelie	wes Judge	



1 1			D STATE DEPARTMENT OF 1 301 W. PRESTON STREET, BALT		
	- 00i00		ERTIFICATE OF DEATH	0011	PM
eg Te	DECEASED NAME First (Type or print)	Middle THORNTON NM I	Lost WILSON	2a. DATE OF DEATH  1 Manth 14 Day 6	2b, HOUR
aff aff	3 SEX MALE	4. RACE WHITE	S DATE OF BIRTH 12-1	4-1909 6 AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS INTHS DAYS HOURS MIN
E C S -	7a BIRTHPLACE (State or foreign country) MARYLAND	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   WIDOWED   D VORCED	9 COUNTY OF DEATH	LLEGANY
ond completely filled in remove carbon paper in ony event, within 72	10 CITY OR TOWN OF DEATH  CUMBERLAND	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 120 USU		12b KIND OF BUSINESS OR
remove carbon remove carbon ony event, wit	130 USUA, RESIDENCE (Where decease odmission) STATE MARYLAND	d lived, if institution Residence before 13b COUNTY ALLEGANY	13c CITY OR TOWN 13d INSIDE CITY .	TT	lper
	14 FATHER'S NAME First	Middle Last THORNTO	IS MOTHER'S MAIDEN NAME I	DELINE TWI	GG THORNTON
oval, ond	160 WAS DECEASED EVER IN U.S. ARME Yes, no, on on one of the control (11 yes give wor	D FORCES? or dates of service) 16b. SOCIAL SECURITY N	O 17 INFORMANT SACRED HEART H	900 AFTON	D, MARYLAND
TO FUNERAL DIRECTOR: After this certificate has been a gned by the ottending phys director, page 3 should be detached for use as the buna-transit permit. Then playould be filed with the State Dept. of Health prior to bur al, cremation, ar removal,	PART   DEATH WAS CAUSED    MAMEDIAT	DUE TO, OR AS A CONSEQUENCE OF  (b) PMALL D U  DUE TO, OR AS A CONSEQUENCE OF  (c) MASSIVE  ONDITION FOR WHICH OPERATION WAS PER  21b T ME OF TN, URY  HOUR A.M Manth Doy Yeor  P.M. 19  LACE OF INJURY (AT HOME FARM, STREET, FACIL  DESCRIPTION ATTENDED TO DESCRIPTION OFFICE BUILDING, ETC.	The Infarcting The Terminal Defase or of Related to the Terminal Defase or of Related to the Terminal Defase or of Related to the Terminal Defase or of Related Terminal Defase or of the Terminal Defase or of th	20b. If YES, WERE FINDINGS CONS CAUSES OF DEATH?  Caty or Tawn  City or Tawn	idered in certifying  18.)  Stote  97, that (i) (we) last and hour and fram the
should be filed with	22d. PHYSICIAN'S NAME (Type) DR. A	ANDREW STASKO  TE 17,1969 Hillor	22e ADDRESS 401 DECATU	R ST -CUMBERLAND, I  23c, LOCATION (City or Town)  cumberland, Alle	15/69 MD. 21502
VR A15 17 45M . 13 M		n. 17,1969 Hillor			ZOUTAIA

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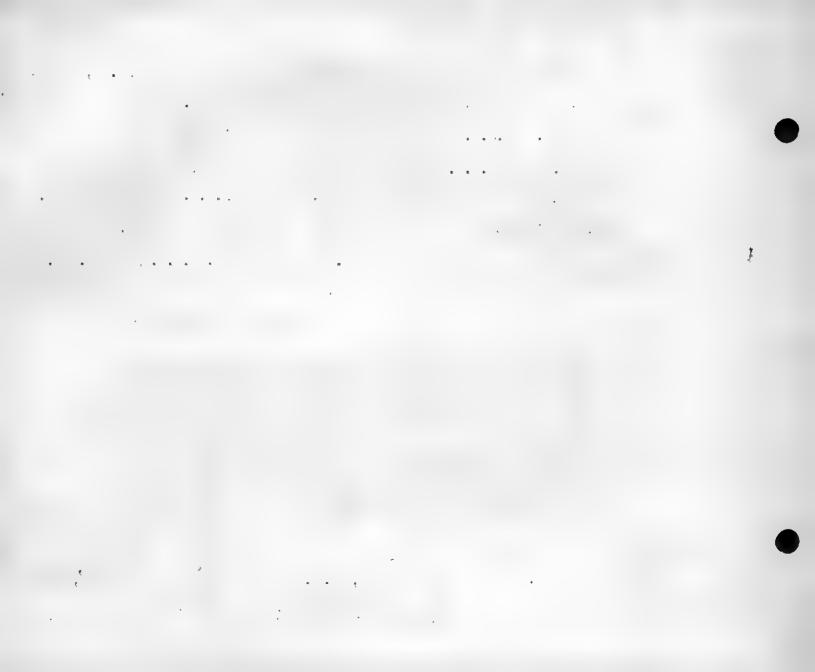
· (a)

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00101 00101 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. DECEASED NAME First M ddle 20. DATE KNOWN Lost Manth Day 2b HOUR (Type or Print) Marelene Sharon Wilt OF ESTI XX 1-17-69 Poge 19 11:30 M 75 deloy and 3 t t de 4 RACE IF JNDER 1 YEAR IF UNDER 24 HRS 3 SEX 5 DATE OF BIRTH 6. AGE ( B years 2c. DATE PRONOUNCED DEAD 2d HOUR April 14,1950 18 Female White 8:00a M 7a BIRTHPLACE (State or foreign 76 C TIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form country) Maryland U.S.A. Allegany WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital IO CITY OF TOWN OF DEATH
RUTAL—Near Westernport, we street oddress) 120 USUA, OCCUPATION (Kind of wark done 12b KIND OF BUSINESS OR during most! without by the dret red.) INDUSTRY 13a USJAL RESIDENCE (Where deceased I ved, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Allegany in tem 18 y's Office old Westernport YES T NO 214 Poplar St. and 2 ofter 14 FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME Midd e Richard Wilt Margaret Broadwater pages 1 hours 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? in penci the Chief Medical Exomina 212-54-8044 Evelyn Weicht Everett. Pa. File within APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Asphyxiation About 2 Hrs. IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF buriol transit Conditions, if ony, which gave Carbon Monoxide Poisoning 11 rise to immediate couse (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse (Exhaust of Auto) . = gud PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 0 Exposure in near freezing temperature CERTIFICATION 19b. CONDITION FOR WHICH OPERATION 190 DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO þe 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING In parked car with engine running About 11:30PM 1-17-69 CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. County State foctory, office building, etc.) WHILE MOT WHILE AT WORK Mill run road near Westernport, Allegany, Maryland 220. I certify that I took charge of the remains described above, held on Autopsy [X]. Inspection X, Inquiry XX ond in my opinion Notural couses Accident (Cx), Suicide Homicide deoth resulted from: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED SIGNATURE JANUARY 19, 1969 TO FUNERA Health p DEPUTY MEDICAL EXAMINER X **EXAMINER'S** BENEDICT SKITARELIC, N.D. ADDRESS(Street, city, town, or coGUMBERLAND, MARYLAND **MAME** (Type) 23a BURIAL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) Jan.21,1968 Mineral W. Va. Tasker Cemetery Cross . EDNERAL /DIRECTOR ADDRESS 25a REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE ycharles you 1969 VR A15ME [5] Westernport.Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	Ι'n	/17/02 Sty 0 1 0 2 MEDICAL EXAMINER'S C	EDTIFICATE OF DEATH	0102
HEALTH DEPT.		ECEASED-NAME First Madie		Day Yeor 2b HONR N
N O		Type or Print)	OF ESTI-	Ab o I
300	3 5		F UNDER YEAR IF UNDER 24 HRS 2c. DATE PROMOUNCED DEAD	9. 19698:05M
delay and 3	١,	70-44- Tam 19 1060/ 79 vos	MONTHS DAYS HOURS MIN Manth Jan	Year 1969 8:05M
£ 2,3	70	B RTHPLACE (State or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MA	ARRIED NEVER MARRIED 9. COUNTY OF DEATH	
oges 1.	€CI UI	Cumberland Md. U.S.A. WID	DOWED TO DIVORCED Allegany	Md
tage is	10. (	LIFY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUTION	N (If not in hospital 12a USUAL OCCUPATION (Kind of work done 11	26 KIND OF BUSINESS OR
after death along with the State Deleath		Cumberland Md. Que street address D.C.A. Memorial	Hospital during most of working life, even if retired.)	TO STATE
s after 18. Gi along 2 with death	130	USUAL RESIDENCE (Where deceased lived, if institution, Residence before lac (III) dimission) STATE Maryland lab (OUNTY Allegany Cumb	y or town    3a   Wisoficity Jim 152   13e   STREET AND NUMBER	wland Md
	1/1	Maryland Allegaty pourt	IS MOTHER'S MADEN NAME First Middle	Lost
tem office land2 after		George Windemuth	Elizabeth Anna Mudge.	Lusi
hin 24 ncil in mner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO	17 INFORMANT ADDRESS	
rithi Denc armit e po e po	()	(If yes give war or dates of service)	Mrs. Albert Klavuhn. R.F.D. #5 C	umb. Md.
d with person lexan		1B. CAUSE OF DEATH (Enter only one cause per .ne for (a), (b) and (c))		APPROX MAT, INTERVAL  ettween onset and death
xecuted ding: Aedical permit.		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6)	CORONARY OCCLUSION	SUDDEN
exe endi if Me		4/09 DUE TO, OR AS A CONSEQUENCE OF	CORONARY SCLEROSIS	
d "p d "p Chie rans		Conditions, if ony, which gave itself to immediate cause (a), (b)	CORONARI SCHEROSIS	
shauld be executed with the word "pending" in period to the Chief Medical Exact bural-transit perm.t. File in any event within 72		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINA. DISCASE OF COMPITION CIVEN IN PART 1/21	
This certificate ficate, writing the be forwarded to do be used as a b ar remayal, and		TAKE 2 OTHER SIGNIFICANT CONSTRUCTOR TO SERVE BUT NOT RELATED	TO THE TERMONE DISEASE ON CONSUMINATION OF EIT IN CART ((U)	
certifi orwar used maval	ATON	19a DATE OF OPERATION 19b CONDITION FOR WHICH OP	FERATION	20. AUTOPSY?
his of the following the follo	/ FE	WAS PERFORMED?		YES NO 🔀
# T =	WEDICAL CERTIFICATION	216 EXTERMAL CAUSE WAS 216 TIME OF IN.JRY Month, Day, Year HOUR A.M	21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Iter	n 1B.)
INER: e cert shaul files. 3 shou	AEDIC	CAUSE OF DEATH P.M. 19	2)f. tOCATION Street at R.F.D. No City of Tawn	County State
KAMINER: te the certi ge 4 shauld your files. age 3 shoul cremation,	1	WHILE NOT WHILE factory, office building, etc.)	21. LOCATION SHEET OF KILDLING Cay or LOWIL	County Side
DEPUTY COICAL EXAMINER: scessary, please execute the cert in function director. Page 4 shault may be retained far your files. FUNERAL DIRECTOR: Page 3 should also be start to burial, cremation.		22a   certify that I taak charge of the remains described above	ve, held an Autapsy , Inspection X Inquiry X	and in my apinian
ICAL EXPECTION FOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	-	death resulted fram: Natural causes X Accident		Gird in my aprimair
please ey director.  Perained  DIRECTO			CHIEF MEDICAL EXAMINER	_
TY please y, please rol direct to priar to		SIGNATURE Senedie & Stateral	M.D. ASSISTANT MEDICAL EXAMINER 22b DATE ST	GNED
PUT Sary Sary Uner V be V be V be		CNAMINEDIC	DEPLTY MEDICAL EXAMINER	n 9, 1969
TO DEPUTY necessary, if the funeral 5 may be r TO FUNERAL Health prin			C, M. DADDRESS(Street, city town, or county) CUMBERL	
5 = 25	230	BURIAL, CREMATION 23b DATE 23c NAME OF TEMPETER		(State)
	24	FUNERAL DIRECTOR ALDRESS	25g. REC'D BY REGISTRAR 25d REGISTRAR 5 SI	GNATURE /
VR A15ME (5)		Lauris Stein Inc. Pumb.	MC DATE 14 N 13 1969 Follows	as lugare.
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Item2 FilmGlo8
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00103 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Rose Wolford Month 2b. HOUR May (Type or Print) ESTI-Page J. Jan. DEATH MATED S, DATE OF BIRTH Aug. 5, IF UNDER I YEAR IF UNDER 24 HRS 4. RACE White 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR ., ■nd PM3. F 1890 iast birthday) Female 70. BIRTHPLACE (State or foreign country) West Va. 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, alang with form Alleghenu WIDOWED [ DIVORCED [ 11. NAME OF HDSPITAL OR INSTITUTION (If not in hospital give street address) Memorial Hosp 10. CITY OR TOWN DE DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRYHouse Cumberland during most of working life, even if retired.) 130. USUAL RESIDENCE (Where deceosed livid, if institution: Residence before 13c. CITY OR TOWN admission) STATE/est Valigh COUNTY Hampshire Augusta 13e, STREET AND NUMBER 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME Jermina (Hott) Last Hott Hott John W. Examiner's ( 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Augusta, West Va. be executed within Elmer Wolford (Yes, no, or unknown) 214-52-1825 (If yes give wor or dates of service) Ele APPROXIMATE INTERVAL E CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH pending" SHOCK HOUR IMMEDIATE CAUSE (a)_ pe DUE TO, OR AS A CONSEQUENCE OF EXANGUINATION H Canditians, if any, which gave rise to immediate cause (a) This certificate should please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PEPTIC ULCER = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 or remayal, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO TO YES 📑 pe 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection X, Inquiry X ond in my opinion may be retained death resulted fram: Natural causes XI. Accident . Suicide . Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER X January 2. 1969 EXAMINER'S BENEDICT SKITARELIC, M.D. NAME (Type) ADDRESS(Street, city, town, or coun OUMBERLAND, MARYLAN 23c. NAME OF CEMETERY OR CREMATORY 50 23a. BURIAL, CREMATION 23d. LDCATION (City or Town) (County) 1969 Malick Cemetery Augusta, Hampshire WVa. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Augusta, VR ATSME (5) 10M REV. 1/68

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0010	DIVISION	N OF VITAL RECORDS,	301 W. PRESTON CERTIFICATE (	STREET, BALTIMO			0010	4.
1. DECEASED NAME (Type or print)	First MILDRE	Middle Marths		IAN	o. DATE OF DEATH	20	89	12:35 N
3. SEX FEMAL		IITE	S. DATE	or.24,189	6. AGE (	In years	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE (State	and U.S	OF WHAT COUNTRY?	8. MARRIED X NEVER	MARRIED 9. C	OUNTY OF DEATH	NY		Md
O CUMBEI	RLAND	11. NAME OF HOSPITAL OR IN give street address)  MEMORIAL	HOSPITAL	tal 12a. USUAL O during mast a	CCUPATION (Kind of if working life ever SO WITE	work done if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR OMB
13a. USUAL RESIDENC admission) STATE	RGINIA Jab. COL	nstitution: Residence before INTY	KEYSER	138 INSIDE CITY LIMITS?		NUMBER	st.	
14. FATHER'S NAME	First Mil	ddle Last BARNAR		S MAIDEN NAME First	A Canno	Middle	A	Last
16a. WAS DECEASED E Yes, no, or unknow No	EVER IN U.S. ARMED FORCES? (If yes give war or detes of sen	16b, SOCIAL SECURITY None		ial Hosp	ital	Address CUMB I	ERLAND	, MD.
rise to immedi stoting the und last.  PART 2. OTHER	y, which gove ate cause (a), ate cause (a), ateritying couse (a).  SIGNIFICANT CONDITIONS CON	O, OR AS A CONSEQUENCE OF COME  O, OR AS A CONSEQUENCE OF COME  ITRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	apulie fla			13	months
19a. DATE OF OPE		OR WHICH OPERATION WAS PE	YES	AUTOPSY?	20b. IF YES, WER CAUSES OF DEATH	H?		ERTIFYING
OR CONTRIBUTING	CAUSE OF CEATH HOUR medical examiner)	P.M.		OCCURRED (Enter nat	ure of injury in Part	1 or Part 2, It	tem 18.)	
While Nat v	/ark	JURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.			City ar Town		County	State
22a, I certify saw the causes	y that (I) (this hospitol deceased alive an_ stated obave, (I) (we)	attended the deceose (did) ( <del>did not)</del> view the	ed fram 2 gm. 9 G. J., and that in body after death.	, 19 <i>69</i> (my) <del>(our)</del> apinion	, to 2 Ce death occurred	an the dot	69, that e and hour	(I) <del>(wo)</del> las and from the
22b, SIGNATURE	1 11-0		DEGREE PHY	NDING Z MED.	OR STAFF	22c. D	ATE SIGNED	
22d. PHYSICIAN' NAME (Type	W.A. Vanor		226.	CUMBERL	AND, MO.			
23a. BURIAL, CREMATI  REMOVAL (Specif  BUTIA  24. FUNERAL DIRECTO	Jan 29		ns Point	23 23 P	LOCATION (City or Keyser	Town)	(County) 10731	(State) W.Va.

